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THE CONTEMPORARY CHURCH'S MINISTRY
"TO PEOPLE IN CRISIS

A Dissertation
Presented to
the Faculty of the School of Theology
at Claremont, California

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Religion

by

John Walter Paulin
"

June 1970

PERMITTING TO COPY
SCHOOL OF THEOLOGY
CLAREMONT, CALIFORNIA

This dissertation, written by

JOHN WALTER PAULIN

*under the direction of his Faculty Committee,
and approved by its members, has been presented
to and accepted by the Faculty of the School of
Theology at Claremont in partial fulfillment of the
requirements for the degree of*

DOCTOR OF RELIGION

Faculty Committee

Allen J. Moore

John C. Verheyde

Date Apr. 3, 1970

J. C. Haugh

PREFACE

This writing was approached with the growing conviction of one who participates in the United Methodist heritage by being the son of a United Methodist minister, yet who is questioning the structure of the institutional church and the role it is or is not playing in contemporary society. The church of Jesus Christ either exists as a redemptive community in a world filled with great need for redemption, or it does not exist at all. God may be at work through the church of Jesus Christ, or he may be carrying out his plan of salvation through other structures of society more open to the cries of his children. There are indications that say all is not well within the contemporary church. It is to the conviction that the contemporary church may still play an important role in the redemption of mankind, and that one of these roles may be in crisis intervention, that the proceeding pages focus their attention.

In concluding this preface I want to acknowledge several persons and places that have ministered to me so meaningfully in my hazardous moments since the undertaking of this degree program. First, to Dr. Frank Kimper, Professor of Pastoral Care, for his thought-provoking guidance in both the classroom and the laboratory (Claremont Area Pastoral Counseling Center). Second, I express my gratitude to the committee that painstakingly gave guidance which eventually developed the writing as it now stands. I take full responsibility for the form and content of the writing, but helpful suggestions were made by the committee which has greatly strengthened the work. Thus, to Dr. Howard

J. Clinebell, Jr., Dr. Jack C. Verheyden, and Dr. Allen J. Moore, chairman I express my sincere appreciation. Third, to the church in Riverside, Wesley United Methodist, and to the Reverend Dale H. Conrad, I express deep gratitude for their understanding and support during my two years as their assistant pastor. Fourth, to the Benjamin Rush Crisis Intervention Center in Los Angeles, and particularly to Mr. Richard Wander, who supervised my training there, do I extend my most sincere thanks for the introduction to the techniques and application of crisis intervention. Fifth, to two colleagues, Reverend Bruce Blake, Program Director for the Kansas West Conference of the United Methodist Church, for his willingness to constructively criticize portions of the work, and to Dr. D. Wayne Montgomery, Assistant Professor, Kansas Wesleyan University, for his insightful criticism and support during the final stages of writing, I am indeed grateful. Sixth, to Miss Essie Platt, English instructor, Friends University, for grammar revision, I am deeply appreciative. And finally, I express my warmest appreciation to my wife and family, who meaningfully supported me through the "back to school" years.

Enough has been said. Only the element of time will prove or disprove the convictions I have crystallized into words. This, of course, by no means establishes once and for all my thoughts on this subject. Hopefully, I will never reach that point in my intellectual development or in any other area of my life.

J. W. P.

School of Theology at Claremont, California

Lent, 1970

TABLE OF CONTENTS

CHAPTER	PAGE
I. INTRODUCTION	1
Description and Exposition of Terms	2
The Contemporary Church's Ministry	2
People in Crisis	5
Methodology	8
II. AN OVERVIEW OF CRISIS INTERVENTION	10
Review of the Literature	10
Current Existing Programs	15
III. THEORY OF CRISIS INTERVENTION: ITS IMPLICATIONS	23
Definition: Caplan	23
Application: Clinebell	27
Counseling Approaches	28
IV. A STUDY OF CRISIS INTERVENTION: ITS INDICATIONS	41
Methodology	41
Analysis	43
The State in Which the Church is Located	43
Time Spent in Pastoral Counseling	43
Time Spent in Pastoral Care	45
Time Spent Specifically in Crisis Counseling	47
Development of a Crisis Intervention Group in the Local Church	49
Specific Qualified Supervisor of the Crisis Intervention Group	52

CHAPTER	PAGE
Churches That Do or Do Not Favor Such a Group	53
Churches That Would or Would Not Be Helped by Such a Group	54
Community and Social Structure Ministered to by the Churches	54
Membership of Local Churches	56
Summary of Positive and Negative Results of the Questionnaire	57
V. A MINISTRY OF CRISIS INTERVENTION: THE CONTEMPORARY CHURCH	62
Advantages	69
Disadvantages	82
VI. CONCLUSION	91
BIBLIOGRAPHY	95
APPENDIX A. Questionnaire	100
APPENDIX B. Breakdown of Table I	102
APPENDIX C. Breakdown of Table II	104
APPENDIX D. Breakdown of Table III	106
APPENDIX E. Techniques for Dealing with Crisis Intervention	108

LIST OF TABLES

TABLE	PAGE
I. Time Spent in Counseling	44
II. Time Spent in Pastoral Care	46
III. Time Spent in Crisis Counseling	48
IV. Churches Favoring Crisis Intervention Teams	53
V. Churches Aided by Crisis Intervention Teams	54
VI. Community Served	55
VII. Social Status Served	55
VIII. Church Membership	56
IX. Lay-Staffed Crisis Intervention Teams	57

CHAPTER I

INTRODUCTION

The Christian church has ministered to the physical and spiritual needs of people for almost two thousand years. Traditionally this ministry has been thought of as the work of the Spirit of God through the lives of men and women both in and outside the confines of the church structure.

The purpose of this study is twofold: to explore the role that crisis intervention plays in the ministry of the contemporary church, and to see what, currently, are the functional programs in local churches to people in crisis. These two purposes justify such a study as has been undertaken.

The importance of this study is grounded in the historical fact that through the centuries the rabbi, priest, and minister have been participants in helping people deal with crisis situations. Also, the temple or church has functioned historically in the capacity of helping people in crisis. Therefore, seemingly, it is not so much a question as to the relevance of the contemporary church and its involvement with people in crisis, as to what extent the role of crisis intervention counseling may play in the ministry of the contemporary church. To explore such a concept as crisis intervention means clarifying the shape such ministry takes in the church today. To develop such a study certain terms must be identified. These terms are: 1) the contemporary church's ministry, and 2) people in crisis.

DESCRIPTION AND EXPOSITION OF TERMS

The Contemporary Church's Ministry

The contemporary church is essentially a group of people participating in the "New Creation,"¹ as Tillich said, the new creation that was manifest in Jesus who is called the Christ. Historically, the Old Testament presents the history of "the People of God" as developing out of an awareness of God's self-disclosure to man which culminated as God first made a covenant with Moses. However, Israel fell away from God and thus, as later seen through prophetic oracles, it was made known to Israel that only a remnant would remain faithful to Him. The Israelite community eventually became the background out of which the New Covenant (i.e., a new relationship established by God with the world) in Jesus Christ was made manifest. With the coming of Jesus as the Christ and the establishment of the "New Creation," a new initiative undergirded the Christian Community. As is recorded in the Acts of the Apostles, the Holy Spirit called into being the Christian church, and it is this power that is sustaining the church today. As Barth said: "By men assembling here and there in the Holy Spirit there arises here and there a visible Christian congregation."²

The church as the Body of Christ, men assembled in the Holy

¹ Paul Tillich, *The New Being* (New York: Charles Scribner's Sons, 1955), p. 18.

² Karl Barth, *Dogmatics in Outline* (London: SCM Press, 1949), p. 26.

Spirit, consists of people from all races and languages who respond in faith to the preaching of the Gospel of Jesus as the Christ. This community is the successor to Christ's earthly, physical body and is now motivated and guided by the Holy Spirit. As the writer of Ephesians put it, Jesus as the Christ is the head of the church; he is the church's chief cornerstone.³

The traditional ministry of the church had as its function to preach the Word, administer the Sacraments, teach the faith, and heal the sick. Today these functions are not the only functions of the church nor is its ministry confined solely to its membership. This, of course, could open up the issue as to whether we are concerned here with churched versus non-churched persons. It could lead on into the wider differentiation of Christian versus non-Christian persons. The church as the living Spirit of Christ implies taking its means of ministry (i.e., pastoral care, counseling, praying, Scripture reading, teaching, and at times preaching) to anyone who is in need of its ministry, be they church members or non-church members, Christians or non-Christians. The church in its ministry through the ages has always striven to make its ministry available to all in need. Jesus spoke of the fact that a physician does not waste his services on healthy people, but instead ministers to those who will benefit from his skills. John Wesley took the ministry of concern and healing to miners who were shunned to a great degree by church leaders who had lost sight of the

³ Cf. Ephesians 5:32; 2:20.

meaning of service in their own community and state. When ministry of the church is truly concerned about meeting the needs of all men, then nothing such as the church membership, doctrinal belief, or social differences will stand in the way of the concerned church to minister to the ills that afflict mankind.

The ministry of the contemporary church must mold its forms of ministry to contemporary situations, e.g. the spiritual needs that all persons face in crisis situations, be they Christians or non-Christians. It is mandatory that the church continually evaluate its (church) relevancy to the needs of the world in which it ministers. There is no guarantee that irrelevancy may not plague the church at any given moment. Because of this possibility members of the church rely upon the guidance of the Spirit of Christ as they go about their tasks and trust that they are correctly reading the varied signs of the times. Today mankind is in need of hearing the "good news" of the loving act of God in Christ, which signifies God's acceptance of mankind. People need to hear that they, because of Christ, participate in a new agreement which means that they have been accepted by God, even while they were sinners (estranged from God and other persons because of their self-centeredness). Man is given the choice of accepting or rejecting what God has done for him in Jesus as the Christ. God has accepted man as a creature worthy of acceptance. When man understands this truth, man is able to accept himself and is, in turn, freed from the negative feelings (defiance, perfectionism, pride, denial of reality) towards himself. This freedom enables him to have positive feelings (love,

friendliness, peace) towards himself and others. At this point Tillich is helpful:

We cannot force ourselves to accept ourselves. We cannot compel anyone to accept himself. But sometimes it happens that we receive the power to say 'yes' to ourselves, that peace enters into us and makes us whole, that self-hate and self-contempt disappear, that our self is reunited with itself. Then we can say that grace has come upon us.⁴

When such realization comes to man, he finds the freedom to serve other men; and his own anxiety, guilt and sense of estrangement do not monopolize his thinking. With the possibility of being freed from self, man understands the freedom that he has to live responsibly for others. Such freedom for ministry allows man to work with people in crisis situations. The apostle Paul grasped this thought and stated: "He comforts me in all my trouble, so that I can comfort people who are in any trouble with the comfort with which I myself am comforted by God."⁵ The person who has recognized acceptance by God may deal more creatively with the normal and abnormal crises of life as these daily affect the lives of all human beings. If so, such persons become prime candidates to work with a crisis intervention team in a local church setting.

People in Crisis

We live in a world filled with crises. There is crisis in business, politics, war, civil rights, economy, education, and religion.

⁴ Paul Tillich, *The Shaking of the Foundations* (New York: Charles Scribner's Sons, 1948), p. 163.

⁵ II Corinthians 1:4 (Goodspeed).

Therefore, people in the twentieth century are participants in or exposed to crisis situations every day which affect their personal lives and give occasion for crisis. This is not to say that the only crises are those derived from the social context. Caplan develops the definition that a personal crisis arises out of some change in a person's life space which modifies his relationships to others and/or modifies his own self-perceptions. This modification of relationships usually involves some sense of personal loss and becomes a threat to the self. Or there may be some sudden change in a person's environment which challenges his self-image or sense of identity. These two types of crises, normal and abnormal, Caplan defines as "developmental" and "accidental."⁶

Growing out of either one of these crisis situations (developmental or accidental) may be an awareness of finiteness on the part of the person. When there is threat to a person's self-esteem, his humanness is brought more sharply into focus. Such an encounter produces a higher level of anxiety about his control over life which may intensify the crisis situation. Fear of living in a state of meaninglessness, absurdity, or of "losing one's mind," will only intensify the crisis. Such a state of mind impinges upon the realm of the "spiritual" which is that part of man's thought that tries to explain rationally his reason for existence. Man's spiritual thought attempts to answer questions such as "If I am part of creation, who is the

⁶ Gerald Caplan, *Principles of Preventive Psychiatry* (New York: Basic Books, 1964), pp. 40f.

Creator?" "Is there any meaning in the world as I see it, or is it just orderly chaos?" "Am I responsible to acknowledge and respect other human beings and a higher being than myself?" Thoughts centering upon spiritual questions are not uncommon when a person is experiencing crisis. An individual will draw on his complete reservoir of past coping devices which have helped him face crisis before. Usually some of these coping devices stem from the area of past religious training or influence, however minimal.

People in developmental and accidental crises do call for help from a minister of a church many times throughout any given week. One of the reasons the minister fulfills a unique role as he is called upon to support those in need is that he brings to pastoral crisis counseling an insight into the transitory nature of personal crises. Pastoral crisis intervention stems from the pastor's view of existence, whereby he recognizes the existential moment when he and another person encounter one another as human beings. Both are limited by their finiteness, yet the pastor, or any other person who is concerned about people in need, should see this encounter as having the potential of a caring, need-fulfilling relationship. In such a relationship God is met by both persons within the relationship as they struggle with their humanness. The pastor, as he meets interpersonal relationships and struggles with them, may be the agent through whom meaning is discovered and by whom the love of God, as expressed through concern, is realized. In other words, the pastor, as he relates to persons in a meaningful and caring way, may be the agent by which help is realized in the

crises of life.

METHODOLOGY

Thus far the problem of relating the contemporary church's ministry to people in crisis has been discussed, and the terms *contemporary church's ministry* and *people in crisis* have been identified.⁷ Chapter II will give an overview of crisis intervention, a critique of the literature pertaining to the development of this area of study in order to place the subject at hand in historical perspective, and it will also look at current programs which are being employed. Chapter III will deal specifically with the theory, application, and counseling approaches of crisis intervention that lend themselves to the ministry of the church. To ascertain to what extent the theory, application, and counseling approaches have been implemented, both in a pastoral and lay sense, a study of the Southern California-Arizona Conference of the United Methodist Church was conducted. Chapter IV will present the results of the questionnaire sent to 450 ministers of that Conference showing what is being done in crisis intervention work in local churches. If these results can serve as an indication of what is taking place in the church at large today, then serious questions need to be raised. These in effect will be dealt with in Chapter V, the future ministry of the church to people in crisis. In this chapter both positive and negative factors will be closely scrutinized. Chapter VI will be a

⁷ Cf. pp. 2 and 5.

presentation of proposed directions regarding the contemporary church's ministry to people in crisis.

CHAPTER II

AN OVERVIEW OF CRISIS INTERVENTION

It is imperative to have some knowledge concerning crisis intervention in historical perspective. This chapter will present a critique of some of the literature pertaining to crisis intervention and will examine some existing programs presently engaged in crisis intervention work.

REVIEW OF THE LITERATURE

Many writers in pastoral counseling, psychology, psychiatry, and social work have begun to deal with crisis intervention as a method to meet the mounting pressures among twentieth century men. The field of psychiatry has recognized the need to develop a mode of meeting crises without using the psychoanalytic methods that entail two to six years of the psychiatrist's and patient's time.

Growing concern on the part of theological training is exemplified by the interest seen as pastoral counseling professors integrate psychological and religious understanding in an attempt to train pastors to work more effectively with people experiencing emotional instability or crisis in parish settings. For more insight on this, the thesis now turns to some literature that deals with this specific problem.

Hiltner in *Religion and Health*¹ states that the minister's first

¹ Seward Hiltner, *Religion and Health* (New York: Macmillan, 1943).

obligation is to people who are in crisis, but he goes on to say that there are spiritual crises as well as physical crises, and the wise minister gives allotted time to each. The minister, Christian education director, or minister of visitation will discover the psychological and spiritual crises which present them with the greatest opportunities for service.

Clinebell's *Basic Types of Pastoral Counseling*² speaks of the minister as the natural crisis counselor because of his availability to the community, his ongoing relationships, his many family contacts, and "his presence during many of the transition stages and pressure points in the life cycle."³ He also cites Caplan's theory of crisis intervention and points to supportive counseling and growth through surrender as keys to coping successfully with crisis situations. He briefly develops Berne's approach to crisis counseling and urges the clergyman to develop fully his counseling skills and ability in the crisis of bereavement. This he speaks of as the "most universal of human crisis. . . ."⁴

The proceedings of the Interdenominational Institute for Clergy were compiled in a booklet, *The Clergy and People in Crisis*.⁵ Papers

² Howard J. Clinebell, Jr., *Basic Types of Pastoral Counseling* (Nashville: Abingdon Press, 1966).

³ *Ibid.*, p. 157.

⁴ *Ibid.*, p. 167.

⁵ *The Clergy and People in Crisis* (Los Angeles: L.A. County Mental Health Department, 1965).

were presented that dealt with the theory of crisis intervention and the role of the clergy in crisis intervention. Here again clergy were called to accept the role they could fulfill in the ever-increasing field of human need.

Shapiro and Maholick⁶ change the scene from pastor-centered crisis intervention work to layman-centered crisis intervention work. Their study is important to this thesis because they developed the thought that non-psychiatrically trained persons, e.g. physicians and ministers, could be trained in short, intensive counseling techniques to work in community mental health centers. Such thought is supportive of the trend in the psychological circle that others must be enlisted on a short-term training schedule to work with the needs of persons besides those specifically trained in the field of psychology.

Caplan,⁷ a non-church oriented psychiatrist, gives direction at this point in that he states help for persons in crisis need not be by depth psychotherapy or psychoanalysis. Help is often a matter of support and counsel which helps the individual to choose a satisfactory method of coping with the crisis situation. Later exploration of these concepts will be conducted to see if they have an important role to play in a group of concerned, trained church members who are developing

⁶ David S. Shapiro and Leonard T. Maholicks, *Opening Doors for Troubled People* (Springfield, Illinois: Thomas, 1963).

⁷ Cf. Gerald Caplan, *Principles of Preventive Psychiatry* (New York: Basic Books, 1964), pp. 44ff.

their skills in crisis intervention.⁸

However, the role of a lay person in crisis intervention can be easily defined. There is diverse opinion as to what constitutes an effective counselor. On the one hand, Bruder⁹ makes a plea for every minister to get clinical training which will help him meet the needs of persons in stress. Bruder is relegating crisis counseling to the minister who has participated in clinical pastoral education. Therefore, in a sense, he is saying that the only person who can function in this capacity is one with some degree of specialization in the area.

Williams,¹⁰ who approaches the subject from the viewpoint of pastoral care, not counseling, maintains on the other hand the stance that all pastoral care be placed in the context of the church. He lifts up the idea that every Christian should minister to others in need.

Williams is not alone in this position, as Wurth¹¹ points out that pastoral care is the task of every believer. He lists the various reasons why ordinary church members take part in pastoral care and strongly defies those who participate in it because they find it interesting, "like a good psychological novel."¹² He also lists personal

⁸ Cf. *infra* p. 49.

⁹ Ernest E. Bruder, *Ministering to Deeply Troubled People* (Englewood Cliffs: Prentice-Hall, 1963).

¹⁰ Daniel Day Williams, *The Minister and the Care of Souls* (New York: Harper & Brothers, 1961).

¹¹ C. B. Wurth, *Christian Counseling* (Philadelphia: Presbyterian and Reformed, 1962).

¹² *Ibid.*, p. 105.

requirements that aid in true spiritual care, e.g., a "spiritual counselor" (i.e. a person in the pastoral ministry) should be a believer and accept himself as a child of God, recognize himself as a "justified sinner," possess a loving knowledge of man and a willingness to understand another person, overcome the cynical or small ways of looking at people and instead accept them in a quiet, objective manner, just as they are.

It can be deduced then that there are differing approaches. Williams, more so than Bruder, would be more supportive of the thesis of this study wherein it is maintained that there is a responsible role which the properly trained lay person can fulfill in the mission of the church in crisis intervention. This, of course, is not to imply that Williams is selective as he says every Christian should minister to others in need. At least he is getting at the heart of the matter, that is the thesis mentioned above, that there are those individuals in the church who can function not only in the role of pastoral care but also have the potential to function in the role of crisis intervention counselor.

Oates has written prolifically in the field of pastoral care and counseling. In *Protestant Pastoral Counseling*¹³ he makes the point that the church itself gives rich assistance to the minister's counseling tasks. He speaks of Richard Niebuhr's discussion concerning the church's purpose and ministry and suggests that the pastor is a

¹³ Wayne E. Oates, *Protestant Pastoral Counseling* (Philadelphia: Westminster Press, 1962).

counselor of counselors. Many persons in their communities receive guidance and help from friends. Oates suggests that some of these persons, carefully selected and trained, will give a pastor resource people to call upon for assistance. He also deals with the importance of group life in the church and urges clergy and laity alike to think more seriously about its effectiveness and significance.

Thus it has been shown in the literature pertaining to crisis intervention that it may be approached from either of two directions: 1) the trained pastoral counselor, and/or 2) the effectively trained lay person. Williams, Wurth, and Bruder have adopted a stance which is not sufficient within itself. It is the thesis of this study that the church can have a dynamic and integral ministry in the area of crisis counseling. The implementation of this, however, would be the responsibility of a pastoral counselor working in conjunction with trained lay persons.

CURRENT EXISTING PROGRAMS

After having reviewed the literature, a critique of selected current existing programs in crisis intervention will be presented. To gain clarification on this, three agencies will be examined. They are (1) Help-Line Telephone Clinic; (2) Benjamin Rush Crisis Intervention Center; and (3) the Suicide Prevention Center. Each agency is located in the Los Angeles area.

Help-Line Telephone Clinic is a project of the Los Angeles Baptist City Mission Society. A minister of a Baptist Church in Santa

Monica, California, who serves as a telephone counselor, explained¹⁴ that the clinic provides a courtesy service throughout the Los Angeles area for anyone with a problem. The project represents the concern of Christians for their neighbors. The clinic was founded in April of 1965 and makes use of the telephone for contact interviews, consulting conversations, and referral arrangements. On a rotating basis thirty intake workers (trained ministers and laymen) keep the lines functioning. A skilled staff of four, in addition to two office workers, are employed in the Extension Service of the clinic. The number of telephone calls exceeds 10,000 per year. This service, according to the director of Help-Line, has seen "families reunited, stability in emotional stress, addicts rehabilitated, suicidal persons finding a new purpose for living, both young and old finding understanding and guidance, constructive intervention in crisis, and a reality in personal faith."¹⁵ This Baptist minister further stated that workers listen to any problem a person may be facing, and the conversation at that time explores the problem situation. Additional telephone interviews with the full-time clinically trained staff (four) may enable the client to find the course leading toward a solution, he pointed out. Of course, where more lengthy professional services are needed or where community organizations relate to the client's problem, a referral process is followed.

¹⁴ Monday, September 11, 1967.

¹⁵ A brochure entitled, "Help-Line Telephone Clinic," a project of the Los Angeles Baptist City Mission Society, Arnold S. Boal,

The Help-Line Telephone Clinic has encountered problems since its inception in 1965. In a telephone interview the director, Lloyd T. Workman pointed out some of the strengths and weaknesses.¹⁶ He said that the main concern of the agency is recruitment. Keeping the Intake Staff positions filled is a major concern to the center because of the transitions of the persons who work as Intake Staff. This problem has been enlarged since the agency went to a twenty-four hour basis.

An evaluation of the strengths and weaknesses of the Help-Line Telephone Center develops the following results. The strengths of the center are many.

1. The staff (both the permanent staff and the intake staff) is of high quality in counseling skills and personal concern for the caller. Because of the encouraging results of the center, the intake staff is being enlarged.
2. The intake staff do not relate to the caller on a professional basis but on a person-to-person basis, as Mr. Workman put it. He went on to say that the intimacy of a personal relationship instead of the possible aloofness of the professional relationship allows the caller many times to share problems with the intake worker that have not been shared with the caller's physician, psychiatrist, or therapist. In many instances, the caller has allowed the intake staff worker to become a liaison to the caller's physician, psychiatrist, or therapist.
3. The telephone allows the caller to remain anonymous. This allows the caller a certain amount of freedom, relaxing his inhibitions. The caller is more free to share problems sooner than is sometimes the case in a face-to-face encounter.

Executive Secretary, 1966.

¹⁶ December 8, 1969, Los Angeles, California.

4. When a person makes the step to get help, this may be the move that will begin helping him to develop his ego strength. Such has been the case when callers have moved from telephone sessions to individual or group counseling sessions. It was pointed out by these callers that it was the telephone sessions that helped them muster up enough courage to go further for help with their problems.

5. The last strength of the center to be dealt with here is in relation to the follow-up calls that the intake staff make to all who call for help. This small but significant procedure has a lasting effect on people. A follow-up call is made to everyone who calls Help-Line.

The weaknesses of the center are fewer. One of the greatest weaknesses noted was the fact that the permanent staff being limited to four workers greatly reduces the volume of work that needs to be done. Mr. Workman felt that the quantity of services would be greatly expanded if the center could employ more full-time staff. The other weakness that was discussed dealt with the restriction that the telephone places upon the counselor. The non-verbal communication is almost impossible to pick up. The facial expressions, nervous movements of the hands, feet, body, or head are undetectable over the phone. Thus listening for the sighs, sobs, fast breathing, or other clues related to crisis becomes of utmost importance.

The second agency to be discussed is the Benjamin Rush Crisis Intervention Center of Los Angeles with a branch office in Venice, California. It is a no-waiting, unrestricted intake, walk-in mental health center. It first opened in January of 1962. It shares some of its staff with the Los Angeles Psychiatric Service, but is an autonomous unit operating with its own administrative procedures and some of its own personnel. There are several important characteristics of

its operation that are unique in relation to other mental health centers:

1. Treatment is usually offered the same day as the application and virtually always within one week.
2. There is a maximum of six visits (this limit in part being imposed as dictated by the theoretical considerations that crisis is typically resolved within four to six weeks).
3. Eligibility is open to persons over age 17-1/2, and there is a flat fee of \$4.00 per visit when the person can afford it.
4. Eligibility is open to most persons residing or working in Los Angeles County.
5. The major treatment emphasis is upon specific problems of living, including life crises and/or psychiatric emergencies.
6. There has been an ongoing evaluation program since its opening, . . .
7. Finally, access is open without screening to persons regardless of diagnosis.¹⁷

As these seven steps point out, the treatment approach is brief, prompt intervention to prevent the development of deeper neurotic or psychotic symptoms. The methodology at the center is geared to problem solving rather than to direct treatment of emotional illness. As Martin Strickler, Chief Psychiatric Social Worker stresses, "the primary goal is treatment rather than evaluation or referral."¹⁸ Gerald Jacobson, director, clearly states that treatment consists of first deciding if the person can be seen on an out-patient basis (or is he

¹⁷ Wilbur E. Morley, "Treatment of the Patient in Crisis," *Western Medicine*, III:77 (March 1965), 5.

¹⁸ Martin Strickler, "Applying Crisis Theory in a Community Clinic," *Social Casework*, XLVI (March 1965), 1.

too homicidal or suicidal?); next, focusing in on the crisis; then establishing coping mechanisms not now workable; and finally exploring possible new coping mechanisms.¹⁹ All of this may (should) be covered in the first session. Such a theory points out that the therapist deliberately avoids dealing with chronic emotional patterns of behavior and deals only with the "here-and-now" dynamics of the presenting problem(s) of the person in crisis.

The discussion now turns from the Benjamin Rush Center to the third agency, the Suicide Prevention Center, also of Los Angeles. The Suicide Prevention Center was established in 1958 with support from the U. S. Public Health Service for the purpose of evaluation, referral, treatment, follow-up, and over-all prevention of suicidal behavior. The over-all activities of the Suicide Prevention Center are related to four comprehensive goals. These goals are:

1. *Clinical goals*, i.e., to save lives. This specifically means that the Suicide Prevention Center is designed to make evaluations and then treat or refer persons in the midst of a suicidal crisis. The goal is not only to stop a suicide, but to introduce therapeutic procedures which will reduce the possibility of an individual's attempting or committing suicide at some future time.

2. *Research and investigation goals*. These goals are to promote understanding and to make clinical practices more effective.

3. *Training and education goals*. Acting as a training and educational center in suicide prevention for both professional and non-professional, the Suicide Prevention Center gives

¹⁹ Gerald F. Jacobson, "Crisis Theory and Treatment Strategy: Some Sociocultural and Psychodynamic Considerations," *Journal of Nervous and Mental Health*, CXLI:2 (1965), 210.

periodic workshops and seminars throughout the country as well as having its staff members contribute their findings to the public through lectures, brochures, and articles in journals, films, and books.

4. *Primary prevention and Public Health goals.* These goals have to do with early case finding, location of high-risk groups, and primary prevention. The comprehensive goal of all these procedures is more accurate prediction and control, and the reduction of suicide rates.²⁰

The Suicide Prevention Center grew directly out of a recognition of the profound need for a unit to be established which would provide active lifesaving measures for suicidal persons. The vital purpose of the SPC is to respond effectively to the suicidal's *cry for help*.

As has been mentioned (see goal number 3), both training and education are vital functions of the SPC. This training is specifically for professionals in the mental health field. However, the SPC staffs a pastoral counselor, Paul W. Pretzel, whose function consists of relating the field of religion to the psychological phenomena of suicide. Pretzel very succinctly defines the role of the minister in a local church in relation to the suicidal person who may contact him. His paper clearly establishes clergymen as "front-line defenders" in the work to deal with suicide prevention. He goes on to suggest that clergymen should work with others who are also trained in suicide prevention in the community. Because of the time factor, a minister cannot possibly give the needed hours to every potential suicide victim.

²⁰ Paul W. Pretzel, "Suicide Prevention Center of Los Angeles," (Los Angeles: University of Southern California Press, 1966) p. 1.

But this is not to release the minister from the fact that a supportive relationship on his part with the person following the suicidal crisis is necessary. "Such continuing care," says Pretzel, "may not only avert another crisis at a later time, but may help the person live a more full, creative, and happy life."²¹

Even with the involvement of these three agencies in crisis intervention, it becomes apparent that there is a great need for other institutions to become involved in work of this type. Three agencies are at work in this area, but their work reaches only a small percentage of persons in relation to the number of persons hurting and crying out for help. It now becomes the task of this thesis to relate crisis intervention to the ministry of the church.

²¹ Paul W. Pretzel, "The Role of the Clergyman in Suicide Prevention," (Los Angeles: Suicide Prevention Center, 1967), p. 10. (Mimeo-graphed)

CHAPTER III

THEORY OF CRISIS INTERVENTION: ITS IMPLICATIONS

It is the purpose of this chapter to identify the theory of crisis intervention, to relate it effectively to the ministry of the church, and to look at the present operating principles of crisis intervention techniques, whereby this type of ministry may be implemented in the local church setting.

DEFINITION: CAPLAN

Crisis intervention theory developed to a large extent, says Wilbur Morley,¹ out of the work of Eric Lindemann in his study of bereavement reactions among the survivors of those killed in the Coconut Grove night club fire. He described both brief and abnormally prolonged reactions occurring in different individuals as a result of the loss of a significant person in their lives. In 1946, Lindemann, along with Caplan, developed a community-wide mental health program in the Harvard area called the "Wellesley Project." They postulated that in the face of an emotional hazard there are adaptive and maladaptive methods of trying to cope with the hazard which have major influence upon later adjustment and ability to handle later emotional hazards.²

¹ Wilbur E. Morley, "Treatment of the Patient in Crisis," *Western Medicine*, III:77 (March 1965), 3.

² Eric Lindemann, "Symptomatology and Management of Acute Grief,"

In *Principles of Preventive Psychiatry*,³ Caplan develops the theory of crisis, pointing out that an individual, as a general rule, is in a state of relative equilibrium or stability. This equilibrium or state of emotional balance is maintained by means of particular patterns of behavior as the individual complicatedly relates to meaningful persons in his environment. From time to time an individual becomes temporarily emotionally upset as he faces many everyday problems, but as he calls into action previously learned coping techniques, he usually returns to the emotionally stable state. Caplan says:

In a crisis this process is exaggerated because the problem stimulus is larger and the usual reequilibrating forces are unsuccessful within the usual time range. The period of inconsistency of behavior patterns is longer than usual, and, when an equilibrium is eventually achieved, the new pattern may differ significantly from the previous one.⁴

Therefore, following a crisis situation, the new state of equilibrium that is achieved will be at a different point on the mental health scale.

Next Caplan outlines the characteristics of crisis. Briefly they are as follows:

Phase 1. The initial rise in tension from the impact of the stimulus calls forth the habitual problem-solving responses of homeostasis.

Phase 2. Lack of success and continuation of stimulus is associated with rise in tension and the previously described stage of upset and ineffectuality.

American Journal of Psychiatry, CI:2 (September 1944).

³ Gerald Caplan, *Principles of Preventive Psychiatry* (New York: Basic Books, 1964), pp. 38f.

⁴ *Ibid.*

Phase 3. Further rise in tension takes it past a third threshold when it acts as a powerful internal stimulus to the mobilization of internal and external resources. The individual calls on his reserves of strength and of emergency problem-solving mechanisms. He uses novel methods to attack the problem. . . . He may gradually define the problem in a new way . . . There may be active resignation and giving up certain aspects of the goals . . . He may explore by trial and error . . . which avenues are open and which are closed.

As a result of this mobilization of effort and redefinition of the situation, the problem may be solved.

Phase 4. If the problem continues and can neither be solved with need satisfaction nor avoided by need resignation or perceptual distortion, the tension mounts beyond a further threshold or its burden increases over time to a breaking point. Major disorganization of the individual with drastic results then occurs⁵ [psychotic or neurotic break, severe sociopathic behavior, severe homicidal or suicidal behavior, etc.].

Caplan then distinguishes between two categories of crisis:

"developmental and accidental." Developmental crises are experienced as part of the normal growth process. Among these are those common experiences involved in the family life cycle, e.g., birth, weaning, toilet training, adolescence, leaving home, the marriage adjustment, parenthood, the middle-age crisis, loss of parents, menopause, retirement, death of spouse, death of friend, and eventually one's own dying. Caplan believes "these experiences are the occasions of crises for an individual to the extent that they pose problems for which his previous coping abilities are inadequate."⁶

Accidental crises, on the other hand, are caused by abnormal or unexpected loss of an essential source of need satisfaction.

⁵ *Ibid.*, pp. 40-41. Brackets mine.

⁶ Howard J. Clinebell, Jr., *Basic Types of Pastoral Counseling* (Nashville: Abingdon Press, 1966), p. 159.

Precipitating situations are these disruptions of life's patterns, possibly a sudden loss of one's spouse, loss of job, savings, children, status, or respect; infidelity in marriage; a natural disaster such as a flood, war, or tornado. These precipitating situations produce what Caplan calls emotionally hazardous situations to which people respond in various ways. In turn, the coping with such crises either makes for a better way to deal with problems in the future, or the person adopts new coping mechanisms that are unacceptable "and which deal with difficulties by evasion, irrational fantasy manipulations, or regression and alienation--all of which increase the likelihood that he will also deal maladaptively with future difficulties."⁷

Morley, in his interpretation of Caplan's theory, arrives at the following conclusions:

- 1) The person in crisis is ripe for great change in a relatively short time because of his disequilibrium and the extreme tension he is experiencing. A minimal force, therefore, exerted by a family member, therapist, or caretaking agent can govern the outcome of the crisis to a significant degree.
- 2) A crisis repeats important features of a person's emotional struggles, but the outcome is not totally determined by this and current psychological forces play a large role.
- 3) Equilibrium following a crisis may be reestablished at a lower or a higher point on the mental health continuum. Enduring positive changes can be achieved following a crisis, and crisis may have widespread results in the adjustment and coping capacity of the individual in future crises and in his overall adjustment to life. This can occur through the loss of a psychological defense or support for such a defense,

⁷ Caplan, *op. cit.*, p. 43.

because the person is forced into a position of assuming more and more mature responsibilities, or through the enforced reality-testing resulting in more accurate self-perception.⁸

APPLICATION: CLINEBELL

In light of the above critique, Clinebell's point needs to be stressed that short-term crisis counseling frequently can help steer a person away from maladaptive responses and towards a realistic facing of crisis.⁹ Thus the task is all the more apparent that the theory of crisis intervention counseling has serious implications for the ministry of the church.

It is just at this point that such counseling is opportune for the group in a church which is willing to receive training and to work closely with a qualified mental health specialist. It seems reasonable that a minister, with pastoral counseling training, could initiate a crisis intervention team in a local church setting. The team could consist of a physician and interested/qualified laymen adequately trained to meet many crisis situations that arise in any given community.

In crisis counseling relatively rapid results are possible. Clinebell points out, the disequilibrium with a person is balancing on the point of going either way, and a relatively minor influence by a pastor or counselor may have a great effect in helping the person to

⁸ Morley, *op. cit.*, p. 4.

⁹ Clinebell, *op. cit.*, p. 161.

cope realistically with his problems. This eliminates the necessity in most cases of deep psychotherapeutic investigation as to the underlying reasons for the initial maladaptive response. Because of this factor, also, crisis counseling avails itself as a possible tool for a select group of laymen working in a volunteer capacity.

If, then, the theory of crisis intervention counseling is to be effectively related to the ministry of the church, it becomes the task of this study to explore the various approaches that serve for such implementation: supportive counseling, the concept of growth through surrender, the Bernean approach, and action therapy.

COUNSELING APPROACHES

A differentiation of counseling approaches may be ascertained: "insight-oriented methods" and "supportive counseling methods." Insight-oriented counseling includes depth psychotherapy or psycho-analysis, as well as other forms of insight counseling.

In the supportive technique the person uses counseling approaches which "stabilize, undergird, nurture, motivate, or guide troubled persons, enabling them to more constructively handle their problems and relationships within whatever limits are imposed by their personality resources and circumstances."¹⁰ This method does not aim at "depth insight" or at uncovering hidden aspects of one's personality. Instead, its goal is to help a person gain "strength and perspective" which allow him to use whatever coping mechanisms he has (however limited) to deal

¹⁰ *Ibid.*, pp. 139-140.

with his own problems. Supportive counseling focuses upon the daily problems in living that confront everyone. It strives to help the person avoid self--or other--damaging patterns and in turn develops the mutual need satisfaction that is so necessary in healthy relationships.¹¹

A second approach of counseling helpful to pastors and trained lay counselors would be the concept of growth through surrender. Psychiatrist Harry M. Tiebout initially developed the concept of "surrender" as growth in cases relating to alcoholism. A successful coping in crisis results in personal growth. Clinebell believes that personal growth through surrender can occur in non-alcoholics as well as in alcoholics. This stems from a belief that at a certain point a person "hits bottom." The defenses or denial of the problem, mask of self-sufficiency, perfectionism, alibis, denials of reality, compulsion to manipulate, and pride crumble, and he becomes "psychologically open to help from others." He begins to "experience his humanity and 'cooperate with life.' He becomes open to the growth forces in relationships."¹² This is the process of having one's self-destructive defenses destroyed and in their places establishing a distinctive sense of openness to life and a realistic accepting of one's unchangeable

¹¹ Cf. *Ibid.*, pp. 139-156, for greater detail and clarification on supportive counseling, e.g., methods, when to use supportive counseling, varieties of supportive counseling, and pastoral counseling to the disadvantaged.

¹² *Ibid.*, p. 165.

situations. As Dr. Tiebout states:

A religious or spiritual awakening is the act of giving up one's reliance on one's omnipotence. The defiant individual no longer defies. . . . And as the individual relinquishes his negative, aggressive feelings toward himself and toward life, he finds himself overwhelmed by strongly positive ones such as love, friendliness, peacefulness.¹³

This is closely akin to what is meant by the term "conversion" in the Christian tradition.

Another approach of counseling that is relevant in crisis situations is a therapeutic approach initiated by Eric Berne. In crisis situations where panic, for example, is in play, Berne suggests finding out what *part* of the person is afraid (Adult-Parent-Child ego system). For a person to recognize that only one part of him is afraid, and that he can gain control by exercising or developing his Adult ego, often brings great relief and new confidence to the person. So, for Berne, crisis counseling consists of reducing the guilt and panic of the inner Child by drawing strength from the counselor's nurturing Parent, and, at the same time, calling upon the inner Adult of the person to face realistically his situation and to do something about it.¹⁴ A firm, parental approach is helpful to the counselee in "pulling himself together" and getting on with the work of coping with the "panic" of the inner Child.¹⁵

¹³ Harry M. Tiebout, *Alcoholics Anonymous and the Medical Profession* (New York: Alcoholics Anonymous, 1955), p. 24, as quoted by Clinebell, *op. cit.*, p. 166.

¹⁴ *Ibid.*, p. 167, or cf. pp. 136ff., "The Goals and Values of Bernean Therapy."

¹⁵ *Ibid.*, p. 167. For a complete explanation of his approach,

The fourth approach that is valuable to crisis counseling is called "action therapy." Action therapy, in this case, means encouraging the person to deal with his problem, even though he may not *feel* like it.¹⁶ Establishing what the "action" will be depends upon the individual. For most people work is very therapeutic. It would not be, however, for persons who try to escape from their problems by hyperactivity. In bereavement counseling the symptom to watch for is immobilization--inability to assume normal activities. Such signs may indicate that a pathological grief reaction has set in. Clinebell lists these signs as: "increased withdrawal from relationships and normal activities, severe depression which does not lift; psychosomatic problems; disorientation; personality changes; severe, undiminishing guilt or anger; loss of interest in life; continuing escape by means of drugs or alcohol."¹⁷

These approaches of crisis intervention display some tools which may be implemented by trained ministers or lay persons in working with a person in crisis. There are some steps to follow as one enters crisis intervention work which may use one, all, or other types of counseling methods. Switzer and Jacobson, perhaps have enumerated these in a clear and distinct manner. For the most part their theories are parallel, but at one point are significantly different.

see Eric Berne, *Transactional Analysis in Psychotherapy* (New York: Grove Press, 1961).

¹⁶ Clinebell, *op. cit.*, p. 171.

¹⁷ *Ibid.*, p. 172.

First, where there is a crisis, the counselor must determine or identify the source of the present conflict. He ascertains what the immediate problem is. Helpful questions to ask are:

Why are you here? Why did you come for help at this time? What do you want or expect me to do for you? What has been happening within the past two weeks? When did you begin to feel worse? What is new in your life situation? What persons have been involved?¹⁸

These questions are employed not solely to gather data but to convey to the person that the counselor is interested, concerned, and open to the crisis involvement of the person who has come for help. The method of counseling that is primary in this step is "supportive" counseling. Through this method the counselor can help the counselee gain strength and perspective as he undergirds, strengthens, nurtures, and motivates the counselee to begin using his own coping devices, however limiting.

Second, in crisis intervention work the counselor establishes, in the first session, that time is precious and not to be wasted. In four to six weeks a person is expected to begin coping with the crisis situation. "This is consistent," Switzer says, "with the usual time pattern of the crisis, places the type of limitation which tends to push the participants away from wasting time, reduces dependency, and creates positive expectation in the mind of the distressed person."¹⁹ So together the counselor and counselee work towards identifying the

¹⁸ David K. Switzer, "Crisis Intervention Techniques for the Minister," (Los Angeles: 1966), p. 6.

¹⁹ *Ibid.*, p. 7.

precipitating agent which is causing the stress. It is usually necessary to lead the person in distress into recognizing the defense mechanisms he is using as he attempts to cover over the nature of the crisis and his emotions surrounding it. Again the counselor deals with what is presently stressful to the person and not with deep-seated or chronic problems from the person's ancient past. Switzer is helpful in pointing out some precipitating causes for crisis:

- a) Disintegrating relationships with a significant person or a relationship which is losing its power to satisfy the needs of the person.
- b) Unresolved grief or other forms of separation.

The approach of counseling primary to the second step is supportive counseling. Through a supportive relationship the counselor helps the counselee begin to identify the defense mechanisms (self-sufficiency, perfectionism, alibis, denial of reality, pride, compulsion to manipulate) that are at play in the crisis situation. In so doing the counselor may aid in helping the counselee "hit bottom" whereby the counselee begins to see that he does not receive any help from his defense mechanisms. The counselor should help the counselee deal with the crisis by establishing some realistic goals, however minimal, that the counselee can achieve. This gives the counselee a sense of getting back on the right track, which is necessary in replacing the negative feelings that magnify the crisis by positive feelings that begin to reduce the crisis situation.

Third, in crisis intervention counseling the counselee must be led to see and deal with strong negative emotions such as hate, anxiety,

hostility, or grief. These negative emotions may have deeply distorted the person's perception of himself and his present situation so that he is stifled in making helpful decisions and unable to take steps which will help reduce the stress he is experiencing. These feelings must first be dealt with before moving on in the counseling relationship. But it is important to note that the counseling relationship must not become stymied at the emotional catharsis stage. As Switzer clearly points out, the focal point of counseling must move from this catharsis of emotions to an "understanding of concrete factors involved in this particular crisis" and then to establishing concrete decisions necessary to deal with the counselee's present situation.

Jacobson,²⁰ in explaining the treatment procedure of a person in crisis, points out that the person's environmental problems must be changed, e.g., no money, no place to stay, locate new employment, postpone eviction date, etc. These factors must be dealt with early in the counseling session.

Besides supportive counseling, growth through surrender may come into play at this stage of the relationship. If the counselee does release the strong negative feelings, plus his defense mechanisms, he then becomes open to begin cooperating with life. The strong positive forces of life, such as love, friendliness, and peacefulness, begin filling the void left by the negative aggressive feelings and defense mechanisms. When such growth through surrender of the negative

²⁰ Dr. Gerald Jacobson, Director of Benjamin Rush Crisis Intervention Center, Los Angeles, California, Orientation session, October 4, 1967.

emotions and defense mechanisms occur, the counselee is ready to begin establishing concrete decisions which will give him new ways to cope with the present crisis situation.

Fourth, basic to the entire process of counseling in crisis intervention is the therapist's insight and understanding of both the counselee's "personality dynamics" and the present problem. If the counselee does not come to realize that the therapist understands what he is experiencing and feels support from the therapist, the counselor may state as clearly and concisely as possible the problem as he sees it. If the counselee is not defensive about his problem as the therapist states it and feels the therapist "hears" him, then both can begin exploring other methods of coping with the stressful situation which may lead to a new level of emotional health as the crisis is helpfully dealt with. Here Jacobson stresses the importance of human relations in that the art of being a good listener is of utmost importance. Making a concrete decision and then putting this decision into concrete action become the goals of crisis intervention therapy. Through trial and error, the counselee finds out which methods of coping are successful and which do not succeed. The therapist supports and "reinforces," says Switzer, "those decisions and actions which are seen as being most effective, and thus assists the distressed person in a process of learning methods of coping with his problems."²¹

In conjunction with the action therapy approach, another

²¹Switzer, *op. cit.*, p. 8.

helpful method of counseling is the Bernean approach. The counselor helps the counselee know he is being heard as the counselor explains that the guilt of the inner child of the counselee may be reduced by drawing strength from the counselor's nurturing parent. Then the counselor calls upon the counselee's inner adult to face the situation realistically and to begin doing something about it.

In the fifth place, the therapist serves as the person who continually keeps the counselee focusing on the particular problem. This keeps the counseling sessions from dealing with material from the counselee's childhood, for example. The therapist keeps the conversation focused on present emotions, relationships, frustrations, and causes for concern. One counseling approach that would be helpful in this stage would be Berne's approach. The counselor would need to support the counselee as he keeps the counselee confronting the present moment. To aid in this confrontation the counselor's mature support (Adult) joining with the counselee's mature side (Adult) may bring the inner Child of the counselee that is afraid to face the present under control, whereby the counselee's Adult gains strength in being more fully released to cope with the problem in a realistic way. When the counselee's Adult becomes more active in running his life, the counselor may confront the counselee more directly, encouraging him to face realistically the painful process of dealing with the crisis situation. He (counselor) is in a position to do this now because he can confront the counselee with the statement, "I know this is painful for you, but . . ." because the counselee will realize that the painfulness of

the situation is his inner Child at play. He can go ahead and cope with the crisis situation by using his Adult ego strength, allowing it to be the motivating force in dealing with the reality-oriented problem or problems.

Lastly, the person in crisis must be helped to recognize the supreme value of personal relationships. He must develop new and effective methods of establishing these relationships. An example of this may be the relationship developed between the counselor and counselee. If new techniques of communication have been learned by the counselee, these may be lifted up by the counselor and he may in turn ask the counselee to articulate his understanding of this new technique. In so doing, the counselee will show whether or not he has grasped, in a meaningful way, this one new coping method. Jacobson, in pointing to other relationships that will aid the person in crisis to find new meaning in life, suggests the use of persons who have undergone the same or similar experiences and have successfully and healthfully worked through these experiences, e.g., Alcoholics Anonymous, death of a loved one, divorce, and drug addiction. In this last step as the counselee evaluates his present state of affairs, his defense mechanisms should be giving way to the positive forces of life, and he should show signs of beginning to cooperate with life. Through the different courses of action that have been decided upon and implemented during the counseling sessions, it should become apparent that the counselee has established some ways of coping with his present crisis situation that is allowing him to find new meaning in life

through new and meaningful interpersonal relationships.

The one place that Jacobson differs with Switzer is in relation to Jacobson's fourth stage. Here it is Jacobson's opinion that a mental health professional's judgment must be required. His fourth stage is as follows:

Specific: This is limited to the mental health professional. He must decide what the 'diagnosis' and 'treatment' will be. He ascertains the 'affect' (feelings) of the person in crisis, helping the person to become aware of feelings of hatred, grief, anger, guilt, anxiety, etc. The 'cognitive' aspect of this fourth stage must involve the mental health specialist to 'enlarge' and 'enrich' the person's understanding of the situation in which he is. Also the specialist must be consulted to determine whether or not the person is too 'suicidal' or 'homicidal' to be placed on out-patient care. Immediate hospitalization with corresponding preventive measures is indicated in certain cases and this is best assessed by a psychiatrist or psychologist. The last aspect of this stage that demands a specialist is in the dispensing of medication. Only a licensed physician is qualified to 'give prescriptions' for persons requiring such treatment, and this should be done in accordance with the approval of the person's family or personal physician.²²

This statement is an example of a position which excludes using clergymen and laymen as crisis counselors. Such a statement must not go unchallenged. With the training that is incorporated in the pastor's schooling, it becomes more evident that with pastoral counseling as a major field, the specially-trained pastor will be competent to diagnose and decide what treatment is called for on the part of the counselee. He is trained to ascertain the feeling level of the counselee and to help him become aware of the different feelings he may be experiencing. The trained clergyman is also competent to recognize

²² Jacobson, *op. cit.*

the person's tendencies towards suicide or homicide. He will also recognize that medication might be helpful to the counselee and suggest or arrange an appointment in conjunction with the counselee to see a physician or psychiatrist who could dispense the medication and "doctor" the counselee in this adjunctive therapeutic way. If the counselee is on medication already, the clergyman will need to know what it is and the doctor who is prescribing it to the counselee. This is important in case consultation is required.

The specially-trained clergyman in the field of pastoral counseling becomes a competent crisis counselor and consultant to work with laymen interested in working with a crisis intervention team. Jacobson is too limited in his view unless he incorporates the pastor with training on the doctoral level in pastoral counseling as a "mental health professional." Whether he does or not is not important here for there is ample evidence of clergymen with pastoral counseling training on a doctorate level that are competently fulfilling the work of counselors to persons in all categories of mental illnesses, and who are also serving in consultation capacities as mental health professionals to various groups, e.g. Help-Line, Suicide Prevention Center, suburban counseling centers, hospital chaplains, and pastors of local churches, to name a few.

The six steps of Switzer and the complementing three stages of Jacobson clearly point out that the counselor plays a more active role in this type of counseling than in the client-centered non-directive approach. The counselor questions, probes, focuses, limits the

conversation to the immediate contemporary situations, suggests, interprets, assists in decision-making and actions on the part of the counselee during the course of the counseling sessions. The counselee must never be allowed to lose sight of the realization that in the final analysis he (counselee) is responsible for himself--his decisions, his behavior, his way of life. Of this fact there is no compromise!

We have seen in this chapter that crisis counseling is an important part of the ministry of the contemporary church to people who are in need of help. The theoretical aspect of crisis intervention lends itself very adequately to the trained pastoral or lay counselor, but *training* is the key to success. Also we have explored some "techniques" of counseling which may be implemented on behalf of a church ministry.

This conclusion leads to the next chapter which will deal with the question: "How do ministers of The Methodist Church in the Southern California-Arizona Annual Conference see their role in relation to crisis counseling?" Do they see themselves as being responsible to deal with crisis situations? Have they established any type of lay crisis counseling group in their local church to deal with these increasing phenomena? In short, if the church has a responsibility to people in crisis, how is it meeting this responsibility?

CHAPTER IV

A STUDY OF CRISIS INTERVENTION: ITS INDICATIONS

With the presentation of an overview of crisis intervention and the theoretical implications of crisis intervention counseling, it is now possible to turn to an actual study of the establishment of crisis intervention counseling teams and ascertain what of significance, if anything, is happening. The subject for survey and analysis is the local church of The Southern California-Arizona Annual Conference of the United Methodist Church.

I. METHODOLOGY

A questionnaire containing eleven questions was sent to 450 ministers on the mainland side of The Southern California-Arizona Annual Conference of The United Methodist Church.¹ A total of 236 questionnaires were returned giving a 52 per cent return.² There were three questions that were basic to this study:

- (1) What per cent of the minister's total ministry for a 19 month period was specifically *pastoral counseling*?
- (2) What per cent of the minister's total ministry for the same 19 month period was specifically *pastoral care work* (visiting the sick, shut-in, bereaved, aged, those in prison, or mental hospitals)?

¹ Definition of mainland means all United Methodist Churches of the Southern California-Arizona Conference excluding the Hawaiian Islands.

² See Appendix A for a copy of the questionnaire.

(3) In combining the two totals, what per cent of the total (for both pastoral counseling and care) was specifically *crisis counseling* (pre-suicidal, pre-homicidal, or anything that deals with a person who seems to be "falling apart," unable to cope with the present situation confronting him)?

Following these questions, information was ascertained concerning whether or not the local church had developed a crisis counseling group composed of volunteer laymen. If so, was the group supervised by a professionally-trained person in mental health work? What were his qualifications? What recruitment methods were used to staff the team? What training methods were used for new recruits? What type of on-going training was used for workers? The questionnaire concluded with whether or not the minister favored such a concept, and would such a group be helpful in his particular situation. What social strata did the church serve (lower, middle, upper class, urban, suburban, or rural area)? Finally, the size of the local church and the number of "active" persons in the program and life of the church was questioned.

The purpose of the questionnaire was not to give a complete and comprehensive view of this complex problem. Instead, the questions were asked to establish a trend by which some conclusions could be drawn as to the way a few local churches in Protestant Christianity were dealing with people in crisis situations. To some of the ministers, the questions were misleading, irrelevant, or impossible to answer. Other ministers responded that they had been thinking about this for quite some time and were very interested in the crisis counseling team concept. The conclusions drawn do give an indication as to present

trends in developing crisis intervention teams in this annual conference.

II. ANALYSIS

This section will present the results of this questionnaire by dealing with each question separately. The findings will be listed according to the three states involved--Southern California, Arizona, and Nevada. Conclusions or relevant findings will be pointed out as this section progresses.

The State in Which the Church is Located

The churches questioned were in Southern California, Arizona, and Nevada. The total of returned questionnaires, as previously stated, was 236 out of a possible 450, giving a 52 per cent return.

Time Spent in Pastoral Counseling

Question number two dealt with the amount of time (percentage) of total ministry from June 1966, to January 1968, that the minister spent in *pastoral counseling* (e.g., premarital, marital, grief, vocational, alcoholic, youth problems, financial, emotional problems, etc.). The results are tabulated in Table I.³

In compiling the percentage of time spent in *pastoral counseling* it was found that the majority of ministers (73) said they spent between 6 per cent to 10 per cent of their total ministry in counseling;

³See Appendix B for a breakdown of Table I by states.

TABLE I
TIME SPENT IN COUNSELING

Southern California-Arizona Conference

<u>% of Total Ministry Spent in Counseling</u>	<u>Number of Ministers</u>	<u>% of Ministers</u>
0%	1	.4%
1	8	3.4
2	13	5.5
3	3	1.4
4	3	1.4
5	32	13.5
6	2	.9
7	1	.4
8	7	3.0
10	63	26.6
12	1	.4
15	15	6.3
16	1	.4
17	1	.4
20	39	16.5
25	22	9.3
30	9	3.9
33	1	.4
35	1	.4
40	2	.9
50	1	.4
60	1	.4
70	1	.4
Not stated	8	3.4
Total	236	100.0%

60 ministers said they spent between 1 per cent to 5 per cent in counseling; 57 ministers said they spent between 11 per cent to 20 per cent in counseling; 22 ministers said they spent between 21 per cent to 25 per cent in counseling; 11 ministers said they spent between 26 per cent to 35 per cent in counseling; 3 ministers said they spent between 36 per cent to 50 per cent in counseling; 2 ministers said they spent between 51 per cent to 70 per cent in counseling; and 8 ministers did not respond to this question.

Time Spent in Pastoral Care

Question number three dealt with the amount of time (percentage) of total ministry from June 1966, to January 1968, that the minister spent in *pastoral care* (e.g., visiting the sick, shut-in, bereaved, aged, those in prison or mental hospitals, etc.). The results are tabulated in Table II.⁴

In compiling the percentage of time spent in *pastoral care* it was found that the majority of ministers (72) said they spent between 11 per cent to 20 per cent of their total ministry in pastoral care; 57 ministers said they spent between 6 per cent to 10 per cent in pastoral care; 34 ministers said they spent between 1 per cent to 5 per cent in pastoral care; 27 ministers said they spent between 21 per cent to 25 per cent in pastoral care; 22 ministers said they spent between 26 per cent to 35 per cent in pastoral care; 13 ministers said they spent between 36 per cent to 50 per cent in pastoral care; and

⁴ See Appendix C for a breakdown of Table II by states.

TABLE II
TIME SPENT IN PASTORAL CARE

Southern California-Arizona Conference

<u>% of Total Ministry Spent in Pastoral Care</u>	<u>Number of Ministers</u>	<u>% of Ministers</u>
1%	2	.9%
2	3	1.4
3	4	1.6
4	2	.9
5	23	9.8
6	2	.9
7	2	.9
8	8	3.4
10	44	18.6
12	1	.4
13	1	.4
15	34	14.4
19	1	.4
20	35	14.9
25	27	11.2
30	17	7.2
35	5	2.1
40	4	1.6
48	1	.4
50	9	3.9
Not stated	<u>11</u>	<u>4.7</u>
Total	236	100.0%

11 ministers did not respond to this question.

Time Spent Specifically in Crisis Counseling

Question number four dealt with the percentage of total ministry from June 1966, to January 1968, that the minister spent *specifically in crisis counseling* (e.g., pre-suicidal, pre-homicidal, or anything that deals with a person who seems to be "falling apart," unable to cope with the present situation confronting him). This may have been in any counseling or pastoral care situation mentioned in questions number 2 or 3. To arrive at this percentage the writer asked the minister to do the following:

- a. Time spent in counseling (question #2) ____ %
- b. Time spent in pastoral care (question #3) ____ %
- c. Add a.% and b.% = Total ____ %
- d. ____ % of Total is specifically crisis counseling.

The results are tabulated in Table III.⁵

In compiling the percentage of time spent in *crisis counseling* it was found that the majority of ministers (131) said they spent between 1 per cent to 5 per cent of their counseling and pastoral care time in crisis counseling; 39 ministers said they spent between 6 per cent to 10 per cent in crisis counseling; 17 ministers said they spent between 11 per cent to 20 per cent in crisis counseling; 13 ministers said they spent 0 per cent in crisis counseling; 5 ministers said they spent 21 per cent to 25 per cent in crisis counseling; 3 ministers said they spent 26 per cent to 35 per cent in crisis counseling; 1 minister said he spent approximately 60 per cent in crisis counseling; and 27

⁵ See Appendix D for breakdown of Table III by states.

TABLE III
TIME SPENT IN CRISIS COUNSELING

Southern California-Arizona Conference

<u>% of Total Time Spent in Counseling and Pastoral Care that is Specifically "Crisis Counseling"</u>	<u>Number of Ministers</u>	<u>% of Ministers</u>
0%	13	5.5%
1	45	19.2
2	31	13.1
3	10	4.3
4	9	3.9
5	36	15.4
7	3	1.4
8	8	3.4
9	1	.4
10	27	11.2
12	1	.4
13	1	.4
15	7	3.0
20	8	3.4
25	5	2.1
30	2	.9
35	1	.4
60	1	.4
<u>Not stated</u>	<u>27</u>	<u>11.2</u>
Total	236	100.0%

ministers did not respond to this question.

Development of a Crisis Intervention Group in the Local Church

Question number five asked if the minister had developed any type of crisis counseling group involving trained volunteer laymen as workers in the local church he served. In Southern California, 17 churches have done this, although 8 of the churches are still using only mental health professionals; 173 churches said they had not; and 3 did not reply to this question. In Arizona, 4 churches responded in the affirmative, but 2 of the 4 are using only mental health professionals, 36 churches said no, and 2 did not respond to the question. In Nevada, 1 church had begun such a ministry and 2 had not. Thus, a total of 22 questionnaires out of the 236 returned showed involvement in some type of crisis counseling using volunteer trained workers. This means a total of 214 churches depend solely upon the minister or community mental health services to aid people in crisis. Percentage-wise, this points out that in The Southern California-Arizona Conference of The United Methodist Church 9.3 per cent of the churches which responded to this questionnaire are attempting to establish a crisis counseling team to deal more effectively with this area of need. To the surprise of the writer, several ministers said they served in a middle-class suburban parish which had *no* crisis situations. The writer cannot help but wonder if this is a grave commentary upon both the effectiveness and sensitivity of the church in these areas, pointing out the exclusiveness which can develop when a "church in mission" becomes a club for "members only" who do not express their deep-seated

fears and questions about their lives, particularly in their times of crisis.

Question number five also included three sub-topics: (a) recruitment method (how persons are selected to work); (b) training methods; and (c) on-going-training procedures for workers. The results will be listed under each question.

A. Recruitment methods:

(a) Churches relying upon their own resources for recruitment.

1. Involving persons who have had crisis experiences and have successfully coped or been helped to cope with them.
2. Finding out by interview one's aptitude for counseling, interest and concerns for persons who have special needs, then matching them as closely as possible, e.g. the elderly, alcoholic, divorced, etc.
3. One church said they used their "preference-reference system" (but did not elaborate on this), checked out the person's personal "experience and background," and noted the person's "educational qualifications."

(b) Churches enlisting the help of mental health professionals.

1. Use of a psychologist to screen persons.
2. Use of a school counselor to screen persons.
3. Directed by a psychiatric social worker who screens the volunteers.

On the whole, the answers were very vague, some answering the question with phrases such as "hand-picked," "personal contacts," or "knowing the person's temperament and ability." This seems to point to the possibility that little thought has been given to what

constitutes a helpful recruitment method, or that the responses might have been jotted down in as brief a manner as possible. Three ministers did not respond to this question.

B. Training methods for new workers:

1. Reading together plus personal consultations.
2. Group training--reflecting on past case results.
3. Professional guidance and training by a psychologist.
4. Reading, experimentation, and pastoral guidance.
5. Discussion.
6. Group observance and trial situations (role playing?).
7. Lecture and selected readings.

Again little detail was given to specific training techniques, although responses were more clearly articulated than in the preceding section on recruitment methods. Four ministers did not respond to this question.

C. On-going-training for workers:

1. One church had none.
2. Sharing with others now facing similar problems.
3. Periodic meetings.
4. Directed readings--group theological study.
5. Relating the training to "Family Service" and Mental Health staff personnel and receiving feedback from them.
6. One minister responded, "At least once a year we get together."
7. Use of community-wide and ecumenical workshops, seminars, etc.
8. Private conferences with consultant or group leader.

Seven ministers did not respond to this question.

Recruitment, initial training, and on-going-training techniques that will help strengthen the volunteer layman's abilities to deal more effectively with the aspect of counseling need to be clearly established for any group that deals with crisis intervention. A section will develop these three areas so necessary to the success of a crisis intervention team.⁶

Specific Qualified Supervisor of the Crisis Intervention Group

Next, the questionnaire attempted to find out if the crisis counseling group was under the supervision of any specific person. If so, what were his or her qualifications? In Southern California, 16 groups answered in the affirmative, and one church answered that the group had no professional supervision. The supervisor's capacities were: Pastoral Counselor (4 - 2 with Rel.D. degrees and 2 with Th.D. degrees), Chaplain Supervisor (1), Psychiatrist (1), Psychologist (2), Psychiatric Social Worker (3), and Other (4 - included ministers and one persons listed as a "concerned Christian"). In two or three situations the task of supervision was divided between two persons, one being a mental health professional and the other being the minister.

In Arizona, two churches answered the question in the affirmative, one church answered in the negative, and one church did not respond. The supervisor's qualifications were: Chaplain Supervisor (1), Psychologist (1), and Psychiatrist (1).

⁶See Appendix E.

In Nevada the one church developing a group to deal with crisis counseling did not reply to this question.

The final tally of supervisors was as follows: Pastoral Counselor (4), Psychiatrist (2), Chaplain Supervisor (2), Psychiatric Social Worker (3), Psychologist (3), and Other (4), for a total of 18 mental health professionals serving in the supervisory capacity to local church groups.

Churches That Do or Do Not Favor Such A Group

Question number seven asked: "If you do not have such a program, do you *favor* a crisis counseling team concept?" The response is tabulated in Table IV.

TABLE IV

CHURCHES FAVORING CRISIS INTERVENTION TEAMS

	<u>Southern California</u>	<u>Arizona</u>	<u>Nevada</u>	<u>% of Ministers</u>
Yes	128	28	1	66.5%
No	28	2	1	13.1%
Not Stated	<u>37</u>	<u>10</u>	<u>1</u>	<u>20.4%</u>
Total	193	40	3	100.0%

A total of 157 ministers (66.5 per cent) "favored" this concept, 31 (13.1 per cent) did not favor it, and 48 (20.4 per cent) did not respond to this question. Such a large total of ministers not responding would seemingly indicate that they were not in favor of such a team concept.

Churches That Would or Would Not Be Helped by Such a Group

Question number eight asked, "Would it *help* you to have such a group as this in your local church situation?" The response is tabulated in Table V.

TABLE V

CHURCHES AIDED BY CRISIS INTERVENTION TEAMS

	<u>Southern California</u>	<u>Arizona</u>	<u>Nevada</u>	<u>% of Ministers</u>
Yes	109	23	0	55.9%
No	48	8	1	24.2%
Not Stated	<u>36</u>	<u>9</u>	<u>2</u>	<u>19.9%</u>
Total	193	40	3	100.0%

A total of 132 (55.9 per cent) ministers felt such a group would help them in their local situations; 57 (24.2 per cent) did not think so; and 47 (19.9 per cent) did not respond to this question.

Community and Social Structure Ministered to by the Churches

Questions nine and ten sought to ascertain, in general, what type of "community" and "social status" the church served. The results of these two questions are tabulated in Table VI and Table VII.

The totals for the type of community served: Rural 29; Urban 84; Suburban 104; and 19 ministers did not respond to this question. The total for the type of social status church served: Lower Class 26; Middle Class 172; Upper Class 23; and 15 ministers did not respond to this question.

TABLE VI
COMMUNITY SERVED

	<u>Southern California</u>	<u>Arizona</u>	<u>Nevada</u>
Rural	24	5	0
Urban	75	9	0
Suburban	82	20	2
Not Stated	<u>12</u>	<u>6</u>	<u>1</u>
Total	193	40	3

TABLE VII
SOCIAL STATUS SERVED

	<u>Southern California</u>	<u>Arizona</u>	<u>Nevada</u>
Lower Class	24	2	0
Middle Class	140	30	2
Upper Class	18	5	0
Not Stated	<u>11</u>	<u>3</u>	<u>1</u>
Total	193	40	3

Membership of Local Churches

Question number eleven dealt with church membership (number of persons on the roll) of the local church served by the minister answering the questionnaire. The result is tabulated in Table VIII.

TABLE VIII
CHURCH MEMBERSHIP

	<u>Southern California</u>	<u>Arizona</u>	<u>Nevada</u>
0-100	12	5	0
100-300	57	10	1
300-500	33	11	0
500-700	18	1	0
700-900	21	3	1
900-1100	9	3	0
1100-1300	6	1	0
1300-1500	6	1	0
1500-1700	6	1	0
1700-2000	7	1	0
2000-3000	5	0	0
3000-4000	0	0	0
4000-5000	0	1	0
Not Stated	<u>13</u>	<u>2</u>	<u>1</u>
Total	193	40	3

The results of this last question show that of the 236 ministers who answered 156 serve churches with memberships ranging between 100 to 900 members. That represents 67 per cent of the returned questionnaires. Of that per cent, 29 per cent (68) serve churches with memberships ranging between 100 to 300. The majority of these are located in suburban, middle class areas where crisis situations are increasing at a rapid pace in proportion to the increase of modern day pressures.

Of the 17 programs of crisis intervention in the local churches of Southern California-Arizona, the 11 churches that have laymen-staffed crisis intervention teams were in congregations with the following memberships tabulated in Table IX.

TABLE IX
LAY-STAFFED CRISIS INTERVENTION TEAMS

<u>Size of Church</u>	<u>Number of Teams</u>
100-300	3
300-500	4
500-700	2
700-900	1
1100-1300	<u>1</u>
Total	11

What do the results of this questionnaire indicate, then, in relation to the church's ministry to people in crisis?

Summary of Positive and Negative Results of the Questionnaire

First, it positively and significantly points out that the typical minister does spend a large proportion of his time in counseling and pastoral care. The study found that 55 per cent (130 out of 236) of the ministers estimated they spent from 6 per cent to 20 per cent of their time in *pastoral counseling*; 15 per cent (36 out of 236) estimated they spent 21 per cent to 50 per cent of their ministry in pastoral counseling; and 25 per cent (60 out of 236) estimated they spent approximately 1 per cent to 5 per cent of their time in pastoral counseling.

The study found that 54 per cent (129 out of 236) of the ministers estimated they spent from 6 per cent to 20 per cent of their time in *pastoral care*; 26 per cent (62 out of 236) estimated they spent 21 per cent to 50 per cent of their time in pastoral care; and 14 per cent (34 out of 236) estimated they spent from 1 per cent to 5 per cent of their time in pastoral care.

It is always possible that in such contacts as pastoral counseling and pastoral care a minister may find himself dealing with a crisis situation. In fact, this survey showed that 55 per cent (131 out of 236) of the ministers estimated they spent 1 per cent to 5 per cent of their time *specifically* in crisis counseling; and 23 per cent (56 out of 236) estimated they spent from 6 per cent to 20 per cent in this area.

Regardless of what one believes about the community in which he lives (several ministers said they had no crisis situations in their communities) crisis is a very real part of every person's life. The minister who is sensitive to the feelings of other people may well uncover crises of great dimensions being "covered up" (one mode of coping) by individuals who do not know where or how to receive help.

Second, this survey established negatively the fact that this annual conference, representative of contemporary ministry, is aware of the church's responsibility to people suffering from crisis maladies, but the *work* of crisis counseling is still largely done by the minister, with little work done by crisis intervention teams. Only 22 churches out of 236 churches are making a conscious effort in crisis

intervention work to increase the church's ministry to people in crisis in the community.

Anton Boisen, who has been called the father of the clinical pastoral education movement for pastors, once stated that he always thought it strange that the church became so excited about dealing with man's "physical" infirmities, pouring huge amounts of money into hospitals or nursing schools, but has hardly begun to match its achievements to do significant work with people suffering from "emotional" difficulties.⁷ This word of Boisen is still a crucial issue today as witnessed in part by the results of this study's questionnaire.

Where do people in crisis in most communities go for help? The church is present in most of these areas and the minister, priest, or rabbi may be the first person sought for help. This body of concerned persons is not turning a deaf ear to people in need just because, as one minister wrote on the questionnaire in response to question number five, "Such business (crisis counseling) is only for those who are professionally trained." This attitude might give the impression that the contemporary church should leave this aspect of ministry alone because of incompetency. Such an attitude does not coincide with the thought of Clebsch and Jaekle when they write:

From the vantage point of a renewed emphasis upon reconciling, the practitioner of the pastoral art may enter more fully into conversations with representatives of the other healing arts,

⁷ Anton Boisen, *Out of the Depths* (New York: Harper & Brothers, 1960), pp. 110f, 149-151, and 177f., especially paragraph 3 on p. 178.

not only as a listener but as an artist able to make significant contributions from accumulated wisdom gained through two millenia of hearing confessions, pronouncing forgiveness, and exercising discipline in an effort to bring to reconciliation countless numbers of men and women in every area of the Western World.⁸

Such a statement assumes competence on the part of the minister who is willing to become trained in pastoral counseling. This in turn gives him the tools to develop a small crisis intervention team, supervise it, and greatly increase the effectiveness of ministry to people involved in crisis situations.

It seems clear that the task of the church to people in crisis presents itself as one aspect of a very valid ministry, but the results of the questionnaire reveal that only a small percentage of churches are attempting to develop groups to give support to ministers in dealing with crises. An analysis of why this is the case reveals several factors.

First, the contemporary church may be so entrenched in traditional forms of ministry that it is unwilling to entertain new ways of ministering to the needs of twentieth century man. Second, the church may be more interested in programming for its members than in being sensitive to the hurts of its members.

Third, the clergymen of the church may be so comfortable with the way things are in their ministry that they are not willing to risk what they now see as success for the more difficult and less successful

⁸ William A. Clebsch and Charles R. Jaekle, *Pastoral Care in Historical Perspective* (New York: Harper & Row, 1967), p. 82.

modes of ministry which deal with people in crisis. Many persons find it distasteful to work with alcoholics, prostitutes, divorcees, juvenile delinquents or possible suicides. It is true not all persons are able or qualified to work with such problems. But it behooves the minister, priest, or rabbi to become as well trained as possible, for he will be called upon many times in his ministry to deal with such problems. How significant it could be if he had a trained crisis intervention team to call into the situation to work with the person in crisis. Instead, today the most many ministers do is to refer the person to an already overcrowded social service agency, to a county mental health center that is usually understaffed, or to a psychiatrist whose fees and overcrowded practice limits many from receiving his services. The questionnaire results point to a clear and exacting challenge to the contemporary church and to its place in helping people in crisis. What, then, should the church's future ministry be to those in crisis?

CHAPTER V

A MINISTRY OF CRISIS INTERVENTION: THE CONTEMPORARY CHURCH

The relevance of the church's ministry to people is being critically questioned by churchmen and non-churchmen alike. Evidence for this is found in the continuous barrage of questions centering around: 1) the relevancy of the church, 2) the crisis which confronts Christianity today, and 3) the "shape" of the Word of God for man tomorrow. The question of relevance of the church's ministry in today's world becomes more sharply focused when seen through the results of the questionnaire conducted for this study. The questionnaire to ministers in The Southern California-Arizona Annual Conference of the United Methodist Church (Chapter IV)¹ produced a finding that 22 churches out of the 236 who returned questionnaires were making a concerted effort to establish lay-staffed crisis counseling teams to work with the needs of people in crisis. It might be concluded from these figures that 9 per cent of the 236 churches that responded are attempting to give some assistance to the minister and his work with people in crisis. This small percentage may signify one of two things.

It may show that the concept of a crisis intervention team working in a local church is still in the embryonic stage of development. Or it may point out that too many local churches are so caught up in the traditional ways of ministry that contemporary modes of

¹Cf. p. 49f.

ministry seem insignificant. Of course, there may be other reasons, but these are two reasons which may be significant in understanding why or why not the church is relevant in meeting the needs of people today.

People in need are legion. Many attempts are being made to meet their needs. The writer was fortunate to receive three months of training at the Benjamin Rush Crisis Intervention Center in Los Angeles during the fall of 1967. The center was always teeming with people.² There were dope addicts, alcoholics, homosexuals, persons facing the "change of life," persons having marital disputes, mentally ill persons seeking help, people who were suicidal, lonely, or financially destitute. One wealthy woman was involved with several "lovers" at once, wondering about the empty feeling deep inside. People by the hundreds, hurting terribly and seeking relief, were finding their way to what they hoped would be a "life-saving" station. Here were people experiencing the developmental, accidental, and spiritual crises of life looking for meaning amidst the perplexities of their involved existences. The therapists at the center were overloaded with cases, yet they were involved with these persons in their personal struggles to bring meaning and peace into chaotic situations.

It is the contention of this study that the church has an opportunity to meet the crises of contemporary man in a specific way: the

²The day Benjamin Rush Crisis Intervention Center opened for business, people were lined up for two and one-half blocks from the door. This was at 8 a.m. in the morning.

use of crisis intervention teams. Concerned people of the church find that because they believe God has accepted them--guilt, anxiety, all dynamics of personality, as they are--there is a measure of freedom for them to accept others and work with them in their times of crisis. With persons needing so much help in working through their crises, the informed, trained laity of the church has much to bring to the crisis-involved person. The person in the church should have the conviction that in the developmental, accidental, and spiritual crises of life, his presence signifies the acceptance of a loving, concerned God, and through the efforts of the trained crisis intervention team member this concern is made evident. From such a basis as this, the local church of any community finds its reason for existing: to put into action the words of its tradition that speak of reconciliation, assurance, peace of mind, fulfillment, and acceptance. Many concerned laymen and ministers are bringing wholeness to crisis-involved persons. With the barrage of questions concerning the relevancy of the local church ministry, new efforts of expression must be initiated, and one of these efforts would be in establishing crisis intervention teams staffed by concerned, trained laymen of the church.

The concern of people in the church should be with man's development towards wholeness as defined for him in the Christ event. To show this concern the church enters into aspects of ministry that deal with the wholeness of man. But it is as James D. Smart pointed out in a quote by Thurneyson:

If justification by faith is the ultimate need of each of these people, we dare not do anything that will lead them to trust in solutions of their problems on a more superficial

level. Our task before all else is to get them to see the real problem of their existence, which is hidden behind the complex of difficulties visible to them.³

He goes on to say that this is another way of saying that Christians must be ministers of God to men in need, proclaiming to them the Good News that God has acted decisively to meet the real problems of their lives, so that they must give up all attempts to find some lesser form of justification for themselves and receive as a gift from God his justification of them in Jesus Christ.⁴ Thus the conclusion may be drawn that in the specific ministry of crisis intervention the church witnesses to the belief that God loves and accepts every person. In dealing with persons in crisis, the willingness to let go of patterns and habits that create unfulfilled needs and to open one's life to the positive forces (love, acceptance, friendliness) is to cooperate with the creativity of need-fulfilling patterns of life that bring wholeness, restoration of meaningful relationships, and a new insight into the reason for living. Of such substance is the mission of pastoral ministry by clergy and laity alike in the church.

Smart says that a pastoral ministry of this dimension "is much more exacting and dangerous than any other kind, but it can be undertaken with the confidence that in it we are beginning to share in the

³ James D. Smart, "The Minister as Pastor," in Robert Clyde Johnson (ed.) *The Church and Its Changing Ministry* (Philadelphia: Office of the General Assembly, United Presbyterian Church in the U.S.A. 1961), p. 136.

⁴ *Ibid.*

pastoral ministry of our Lord himself.⁵ Crisis intervention may be applied to situations where words such as "judgment of God," "condemnation," "salvation," or "reconciliation" will not be identified. The church of Jesus as the Christ does this because of its compassion for all who hurt. Its word of "judgment" and "forgiveness" is just as relevant to every person today as it always has been since the time of the Christ, but because of our increased knowledge in dynamics of interpersonal relationships we find that today judgment may be at play in a crisis situation, i.e., the person in crisis is already experiencing judgment by virtue of the fact that his needs are not being met in a way that would help him become a whole person participating in the abundant life of which Jesus spoke (cf. John 10:10).

One can further emphasize that the church in the world is not to be separated from the needs of the world. Williams, in his small but powerful book, *Where In The World*, emphasizes this point in the following statement:

The signs are out that we are reaching what can only be called 'the crisis of the local congregation. . . .' It is reported . . . that there is a decline in students offering themselves for the ministry, and that many who could be expected to offer refuse to do so because they believe that to become the minister of a congregation does not place them at the point where the true frontier of the Christian mission is to be found. That frontier is in the world, but the local congregation is now so structured that it is a *sacred island in the secular world* pulling individuals out of the world

⁵ *Ibid.*

and causing them to act as commuters shuttling back and forth-- leaving the world to enter the Church, and leaving the Church to go back into the world, with no real relation between the two parts of their life.⁶

In such a situation there does not seem to be much need for deciding to accept or not to accept what God has done for man because the crisis of decision is seen simply as a religious tool, used only when persons go out of the world and into the church. When one believes in the Christ event, one is given potential freedom to go into the world and share this faith with those in need of such news. When the question is asked how this is done, again one can turn to Williams:

So then the *shape of the mission* in which we are to engage is revealed for us in the missionary life of Christ. The importance of this for any analysis of the structures the Church needs for its mission in the world should be obvious but will need to be spelt out as we proceed. Clearly it implies that the Church must allow itself to be drawn out to the places of worldly need; that the shapes of its life must answer to the shapes of the world's need. Just as Christ took on the garb of a particular time and went out as a servant to the particular points of human need, so the servant is not above his master and the Church must not be other than its Lord.⁷

Contemporary man in a complex society faces a time when the tempo of life is increasing so rapidly that this pressure alone may be one of many precipitating events that lead to severe crisis. This is one of the shapes of worldly need spoken of by Williams. Of course there are many needs, but the scope of this project is confined to the

⁶ Colin W. Williams, *Where In The World* (New York: National Council of the Churches of Christ in the U. S. A., 1963), pp. 1f. (Italics mine.)

⁷ *Ibid.*, pp. 26f.

need of meeting crisis situations in the everyday lives of people. It is this shape of worldly need that demanded this study. The results of the questionnaire have shown that some work is being done by churches to broaden the spectrum of crisis counseling in local churches, but the percentage is small.

Raines deals with a troublesome area in the life of contemporary church in his chapter entitled, "The Loss of Mission."⁸ Here he pinpoints some of the failings of the church today:

The Church is constantly seeking to save herself, to build herself up in terms of worldly status and power. The church is afraid of her mission, and well she might be. Her mission is to lose her life in the world, that her life and the world's life may be saved. We of the church are guilty. All of us stand under judgment. We have declined the cross which beckons us into a world of suffering, evil, and injustice. We have turned away from reconciling the world, thinking it enough to be reconciled ourselves. . . . The world believes it has tamed and domesticated the church and can keep her busily occupied in cultivating her own garden. The world has pulled the teeth⁹ of the church, and no longer listens to her enfeebled message.

Such statements by Raines call for an evaluation of the relevance of the church's ministry in today's world. In any given moment in history there may be insignificant ministries present in an ecclesiastical body of men and women.

Raines also speaks of a significant dynamic in the church--a dynamic of "new life." In speaking of a small number of laymen in the

⁸ Robert A. Raines, *New Life in the Church* (New York: Harper & Brothers, 1961), pp. 13-19.

⁹ *Ibid.*, pp. 16f.

church he is presently serving, he points to "a stirring in our souls, a warming of our hearts, a stretching of the mind, a new power for our wills."¹⁰ He explains that they had to become "new persons" because their "old selves" simply would not go and witness in the world. Raines is convinced that the mission of the church today is in the world, not isolated from the world.

A consideration of avenues of service open to the contemporary church as it faces the future must take into account two things:

1) the results of the questionnaire of this study, and 2) realization of the new life that is always a possibility for all persons.

It is clear from the outset that any look to the future must be based upon speculation or experimentation. Such theory may become reality only if it is put into practice in a concrete local church situation. In looking towards a future ministry in crisis intervention in the local church, both advantages and disadvantages of such an endeavor must be discussed.

ADVANTAGES

Ezekiel experienced the vision of the valley of dry bones and the question that the Lord put to the prophet was: "Son of man, can these bones live?" (Ezekiel 37:3). And later, the Lord promises the prophet that he will put his Spirit within Israel again, and Israel shall live (Ezekiel 37:14).

¹⁰ *Ibid.*, p. 18.

Such symbolism seems appropriate during these days when it is difficult to identify the relevancy of the church. Many persons are asking: "Can these cumbersome, out-dated institutions find their way into the world where their mission exists?" Some say yes--others say no. Tillich affirms that when the curtain of the temple was torn in two during the Crucifixion, the temple (holy place) "lost its separating power."¹¹ In Jesus the separation between the holy and unholy was removed. Even though persons try to repair the curtain so as to again separate the church from the world, it cannot be done. Those (churchmen) who try to do it "will not succeed," says Tillich, "because He, for whom every place was a sacred place, a place where God is present, has been brought on the Cross in the name of the holy place."¹² On Golgotha, God "judged religion and rejected temples." He also judged the earth:

. . . Trembling and shaking the earth proved that it is not the motherly ground on which we can safely build our houses and cities, our cultures and religious systems. . . .

And the earth not only ceases to be solid ground of life; she also ceases to be the lasting cave of death. . . . Since this moment (resurrection) the universe is no longer what it was; nature has received another meaning; history is transformed and you and I are no more, and should not be any more, what we were before.¹³

¹¹ Paul Tillich, *The New Being* (New York: Charles Scribner's Sons, 1955), p. 177.

¹² *Ibid.*

¹³ *Ibid.*, pp. 178f.

Raines speaks of the necessity for conversion in the lives of those who would become committed to the new life of witness and service in the world. He speaks of this in relation to Tillich who sees the reality of the Christ as the New Being in the world. It is for these reasons the Church Universal has a positive mission in the world today, but not in the form of ministry that is irrelevant (e.g., institutional exclusiveness).

The first advantage of a local church in crisis intervention work stems from the fact that for many years the physical structure of a church has been present in almost every community throughout our United States. It has been very accessible to the needs of people living in these communities through the liturgical functions of baptism, marriage, funerals, as well as sometimes serving as the town meeting hall, a refuge during severe storms resulting in personal property damage, or for social gatherings. In other words, the location of the church in a community, be it rural or urban, has always made it easily available to the people of that area. Because of its varying functions, both members as well as non-members have become familiar with its abiding presence. Such availability makes the structure of the church a place where certain types of service can be given--service such as the implementation of a crisis intervention team.

The second advantage is that the theory of crisis intervention, discussed in Chapter III,¹⁴ has been developed to make it possible for

¹⁴ Cf. pp. 26ff.

non-professional persons (outside the field of mental health) to work with persons in crisis. As was noted, students preparing for social work or psychology or pastoral ministry served as counselors at the Benjamin Rush Crisis Intervention Center. The mental health professionals present at the center served in two capacities: one was to supervise these students and the other was to engage in the practice of intervention with individuals, couples, families, or groups.

Dr. Jacobson, director of Benjamin Rush Crisis Intervention Center, pointed out that with proper supervision and training a non-mental health specialist could deal with most crisis situations. This supports the view of this thesis that a crisis intervention team composed of both laymen and clergymen can be equipped to work with people in crisis. The writer has argued¹⁵ that the fourth stage of crisis intervention counseling developed by Jacobson, which Jacobson said must be handled by a mental health specialist, could be handled competently by a trained pastoral counselor on the doctoral degree level, who is a mental health specialist. The pastoral counselor is trained to diagnose and decide what treatment is needed. He is competent to ascertain what feelings are at play in the individual and to decide when the person needs hospitalization because of suicidal or homicidal tendencies. The pastoral counselor needs to know what medication the individual is taking and may need to consult with the individual's physician in relation to the medication (e.g., abuse of medication,

¹⁵ Cf. pp. 36ff., particularly pp. 39f.

failure to take medication, or reactions to medication).

In summary, then, it can be said that a crisis intervention team can be trained to deal effectively with people in crisis. It is of utmost importance, though, to have the team supervised by a specially trained pastoral counselor capable and competent in both the area of mental health and pastoral theology.

Dicks spoke of the responsibility of persons in the church to those in strife. He was speaking specifically about pastors, but this applies to the aspect of crisis intervention ministry as it involves laymen. He said:

We help people only when we have a genuine concern. We see them not as miserable sinners who are 'unsaved,' but as people--sons and daughters of God who are our brethren. We do not instantaneously love them, but we do show concern. . . . Our capacity to help is limited only by our compassion, skill and available time. If we have the knowhow, skill, concern, and sufficient time, there is no person, theoretically, that we cannot help in some significant way. This is true whether we be ministering to the dying person, the alcoholic, the grief sufferer or the homosexual.¹⁶

Such a ministry, then, presupposes a certain amount of training and skill to be acquired by the worker before he begins to work in crisis intervention ministry.

A third advantage develops from the realization that the tradition of ministry has almost always enjoyed the freedom to visit without invitation in the homes of people. Bruder refers to this and points out the importance of the pastor's regular visits to parishioners, which

¹⁶ Russell Dicks, *Principles and Practices of Pastoral Care* (Englewood Cliffs: Prentice-Hall, 1963), pp. 84f.

can lay the groundwork for future counseling sessions. He believes that, if such work is faithfully done, the minister becomes a "respected and trusted member of the family, . . . preparing the way for the responding to the inevitable questions his people will ask when they face the usual and normal crises of living."¹⁷ Going further, Bruder declares

. . . it is when these crises--moments of heightened sensitivity, expectancy and opportunities for spiritual growth--come upon the individual that he needs above all else the listening, concerned and accepting support of somebody who understands not only something of the nature of the experience but also their spiritual meaning and significance. . . .¹⁸

Such compassion and understanding is especially important to the bereaved, the critically ill, or those who are aware that they are confined to their bed or home and will never again venture out into the community (shut-ins). The person who is skilled and trained in the techniques of crisis counseling may discover the person he is visiting is in a very severe crisis, and hence, will establish a different visitation schedule with this person for the next several weeks which will allow him to return to this person in crisis, periodically, until the acute period subsides. As Bruder later states: "When we have a tradition, a faith which we accept, a faith which gives meaning and purpose, it offers a stability to our living not found otherwise."¹⁹

¹⁷ Ernest E. Bruder, *Ministering to Deeply Troubled People* (Englewood Cliffs: Prentice-Hall, 1963), p. 47.

¹⁸ *Ibid.*, pp. 47f.

¹⁹ *Ibid.*, p. 120.

He believes this to be true especially in crisis situations. And in conclusion, he points out that "the teaching of the Church, the teaching of her faith, gives stability and sense of direction to us when we are most confused about our meaning and purpose in the world . . ."²⁰ So often this is the case with those in need whom we are free to visit in the home. Such tradition definitely becomes another tool for the worker in crisis intervention.

The freedom of visitation establishes a fourth advantage of ministry that is not dealt with often by a local church. That is the ministry of concern to the mentally ill, the lonely, or the outcast. In relation to this Bovet brings light to the darkness as he stresses the point that "A good doctor does not ask whether an illness is somatically or psychically caused, but from which angle it can best be attacked."²¹ He goes on to say that a similar attitude is adopted by the minister when he does not ask whether "sin" lies behind a specific illness or malady, nor even whether it can be cured by medical means. Instead, the minister will ask only what can be made of it by the Almighty. "In fact," he says, "every illness is like a crucible, in which God goes to work on us. The outcome is salvation, in which we are restored to 'wholeness'; but this does not necessarily mean restoration to health."²²

²⁰ *Ibid.*

²¹ Theodor Bovet, *The Road to Salvation* (New York: Doubleday, 1964), p. 184.

²² *Ibid.*

As a crisis intervention team becomes involved in many crisis situations, awareness may increase of persons who are cut off from society because of mental illness, being outcasts, or being lonely and withdrawn. One of the tasks of any counselor of a crisis intervention team will be to seek out those experiencing alienation from society and attempt to reach them by bridging the gap they feel between themselves and other human beings. Bruder goes into great detail to equip persons with tools which might be of use in ministering to such persons as these.²³

A fifth advantage for the contemporary church's ministry to people in crisis stems from the well known fact that many local churches have space that is not used throughout the week. Such space is quite adequate for consultation with individuals, families, or groups. With the bare necessities of room furnishings (comfortable chairs, adequate lighting, heating, and air conditioning) several rooms used for church school classes could easily double as consultation rooms. The necessity to schedule all sessions with the general church calendar is a very important detail and should not be overlooked.

With such available space so readily present in most local churches, we are led to a sixth advantage which is in the area of training workers for crisis intervention. Most church structures have several rooms that lend themselves quite adequately to classroom instruction. One room might be especially designated as the volunteer

²³Bruder, *op. cit.*, chapter three.

training classroom, and supplies for the training could be kept in a section of the storage closet, eliminating the tiresome "moving" of materials and supplies from room to room. Here as in consultation space, close calendar scheduling must be maintained by all groups concerned.

It may seem superficial to speak of such mundane matters as appropriate space for consultations and training, but the writer is convinced this is precisely the reason for the existing structures we call "Christian education buildings." If we as Christians are truly concerned about ministering to the needs of our community, we hear with great anticipation someone like Smart when he says:

Here we touch one of the most acute problems of our American Christianity--that such a high percentage of those who call themselves Christians are members of an audience or of an organization and not disciples, not students of the faith in training for some kind of definite service.²⁴

Bruder lauds the clinical training he received which opened new vistas of awareness and service for him. Of this he says:

. . . As a result of that training I am increasingly more confident that what we in the Church have to offer--our faith and practice--not only has relevance for all time, but is desperately needed in our time. . . . If I had but a sentence with which to express it, I would put it this way: When one dares to trust the Gospel to the extent that one descends into the hell which life often is, one cannot escape finding his way to God himself.²⁵

Both men are striking a blow for the need of concerned laymen to

²⁴ James D. Smart, *The Rebirth of Ministry* (Philadelphia: Westminster Press, 1960), pp. 93-94.

²⁵ Bruder, *op. cit.*, p. 59.

be trained and well-grounded in what they are about so that they will know towards what goal they are working. This is true for the group that is being trained in volunteer crisis intervention work. Perhaps in order to clarify the position of this paper it would be well to deal with why laymen should be involved in crisis counseling.

Bruder clearly develops the importance of a training session for any group that is endeavoring to minister in the name of Jesus Christ when he states:

. . . When a group meets together for a common purpose, to know something about an area of human living, and members share the feelings involved in this new exploration, there is indeed a new creation. Something unique has happened--account for it as you will. When the individuals of this group come together not only to know about this new area of experience, but in relationship to the Ultimate which is devoutly and most certainly believes--and affirm this in terms of the living faith of the Lord Jesus Christ--then the Body of Christ is alive. Where we seek to share some of the inevitable pain of life, face together our separation, loneliness, and longing, . . . we are met together in *His Name*. And there He is also!²⁶

Williams says that the Christian faith looks upon every soul as in need of being healed, but the goal in the terms of a Christian becomes that of finding strength, as he puts it, to live usefully in our world. He says that the needs of humanity are staggering and points out it is the church's responsibility to find its place in doing what it can to ease these needs. "Surely," he says, "there is no greater human therapy than this: to become part of a working group of people who are doing something important not for themselves but for

²⁶ *Ibid.*, p. 102.

human life everywhere."²⁷ In conclusion, Williams says that when an individual discovers that his life is useful in spite of inadequacies, and that in the life of the group he is not allowed to turn his thoughts inward but called upon to enlist his efforts and concerns in the tasks of the group to which he belongs, he is able "to enter a truly healthy environment. It is what the Christian Church ought to be."²⁸

If such meaning and awareness may be gained by persons in a group that is training for a specific ministry such as crisis intervention, then it seems equally clear there is a need for groups into which persons in the midst of crisis, needing interpersonal relationships, may be placed.

The seventh advantage for the church's future ministry to people in crisis points to the realization that many churches today have groups that meet regularly for prayer, recreation, work, study, or to deal with problems in living. Such groups may serve a very useful purpose for the crisis intervention team as it places people in situations (groups) where interpersonal relationships are of utmost importance to the one in crisis. If these groups do not exist, they may be established as needs arise. There are two areas of concern here: one deals with the importance of such groups; and the second deals with the problem of leadership in such groups.

Reasons for the relevancy of such groups are numerous. Bruder

²⁷ Williams, *op. cit.*, p. 143.

²⁸ *Ibid.*

believes that it is through and by the fellowship of the church that the faith of the church becomes "alive and meaningful." He says further that it is in "the group experience to which the individual comes as he is . . . that he finds his acceptance."²⁹

These principles certainly are relevant in the establishment and function of a crisis intervention team. If men and women in the church are concerned about the confused persons who may come to their specific group during a crisis, there the true spirit of acceptance and concern will be manifest. Greeves emphasizes the fact that the Universal Church is to be as a servant among the men and women it serves. "That service," he states in his book *Theology and the Cure of Souls*, "is to characterize its corporate life, as well as the lives of its individual members; the Church itself is to share in the ministry of the Suffering Servant."³⁰

Actually the "shape" of the church's ministry to those who may benefit from a group experience is made very clear by Williams. He works from the hypothesis that some of the most important happenings in the life of an individual result from the dynamics of small group interaction which permits a "deep and personal sharing of experience over a considerable period of time."³¹ He labels the development of small groups in the life of the church as one of the significant movements of the present day. He stresses that "these groups are not substitutes

²⁹ Bruder, *op. cit.*, p. 121.

³⁰ Frederic Greeves, *Theology and the Cure of Souls* (Manhasset, N.Y.: Channel Press, 1962), p. 146.

³¹ Williams, *op. cit.*, p. 147.

for the total life of the congregation in worship and witness; but they may be a most important means of breaking through rigidities and opening up a frank discussion where there will be no fear of probing sacred symbols and doctrines.³² For such groups, the crisis of "accidental" and "developmental" situations may be dealt with, as well as the spiritual aspect of the crisis of "ultimate concern" which may emerge after successful coping with an accidental or developmental crisis. It seems of ultimate importance, then, that meaningful small groups be a functioning part of the church's ministry in the future.

If this be true, where does leadership for such groups come? Two movements help answer this question. First, the Alcoholics Anonymous movement is seen as a revolutionary group setting in which leadership is not designated to one or two persons who are wiser or better trained than the rest of the members. Instead no one is actually the "leader," although several persons may have specific "jobs" to carry out. Second, in the Yokefellow movement interested men and women receive training to serve as small group leaders in their neighborhoods. These persons participate in the program of the existing local church and minister to persons experiencing various degrees of crisis. In the Yokefellow movement they are involved in the pains, tragedies, and anxieties of a few persons' lives, and though this work becomes very discouraging at times, it is significant enough to allow these people to believe they are sharing in a vital part of the ministry of the

³² *Ibid.*

church of Jesus Christ.

Leadership in more small groups in the church may need to take on this new shape. Bennett believes that "It is in our churches where the distance is greatest between our people and the world-wide social revolution."³³ It seems we are being challenged in the church to risk the peace and calm we seem to think we have had in the past, and daringly to launch out into new and different patterns of ministry. If we do not do this, we will become one institution with which the world need not concern itself. With the quoted statement of Robert C. Johnson, this section of advantages of the contemporary church's ministry to people in crisis ends:

We are permitted, nonetheless, to discover two very important things about church order from the New Testament, things that are crucial for approaching the problem of church order in our own day:

1. We discover that the ministry is essential, or of the very essence of the Church, but also that no particular structure of the Church's ministry is essential or necessarily permanent.
2. We discover that ordering as a form of ministry is essential to the Church; but also that no particular ordering is so sacred that it is beyond criticism, or even beyond abolition.³⁴

DISADVANTAGES

The discussion of advantages of the contemporary church's

³³ John C. Bennett, *Presbyterian Life* (March 20, 1961), as cited by Frederick C. Maier, "The Ministry Today," in Johnson, *op. cit.*, pp. 178-9.

³⁴ Johnson, *op. cit.*, p. 22.

ministry to people in crisis came to an end which sounded very much like a solemn warning with negative overtones. It is in such an intended state that the study now deals with the last part of this chapter: the disadvantages of the contemporary church's ministry to people in crisis.

One question is in order at this point: Why deal with the disadvantages of crisis intervention ministry? To answer this question, two mental health professionals, Maholick and Shapiro observe:

It is becoming increasingly clear that a portion of the knowledge and skill of the mental health workers must be put to use outside of the clinic and hospital walls to strengthen the complex of community defenses against emotional and social disintegration.³⁵

Here a program, developed in the deep South, whereby ministers and general practitioners were given training to deal with the mental "human misery and waste" of persons asking for help proposed that the church was one resource in the community that could give increased aid in the area of mental health. The problem lies in the fact, however, that in the majority of churches throughout one United Methodist Annual Conference, for example, very little work in crisis intervention teams is being done in relation to this one area of great human need.

To further substantiate this, Oates points to a few churches, such as Marble Collegiate Church in New York City, that have developed counseling clinics. He stresses the fact that the "relationship between the clinic and the church is parallelistic rather than integral."³⁶ In

³⁵ Leonard T. Shapiro and David S. Maholick, *Opening Doors for Troubled People* (Springfield, Ill.: Thomas, 1963), p. 62.

³⁶ Wayne E. Oates, *Protestant Pastoral Counseling* (Philadelphia:

essence he is saying that the church has "hired" a professional mental health staff to work within the physical structure of the church, but basically the church has its function and the counseling center has its responsibilities, and to this point their tasks are not integrated in a total ministry to the whole man. Another example of this is the Westwood United Methodist Church Counseling Center.³⁷

This is in keeping with one reaction in a questionnaire (though echoed in several others), where the minister stated that they (mental health specialist) had their specific job and we (clergymen) had our specific duties, and never do the two disciplines become integrated, which certainly is disadvantageous. If a church is to engage effectively in a ministry of crisis intervention counseling, it is necessary that it must incorporate a ministry of concerned laymen to work with people who hurt and are unable to accept the realities of life. The interchange of ideas between Jesus and a certain lawyer help clarify this.

A lawyer, in testing Jesus, asked him who his neighbor was.³⁸ The question and Jesus' recorded response give the answer that anyone in need becomes a neighbor at that moment. In this reference it was pointed out that both a priest (representative of the highest religious leadership of the Jewish faith) and a Levite (designated lay associate

Westminster Press, 1962), p. 120.

³⁷ Cf. (Brochure available on request from the church).

³⁸ Cf. Luke 10:25-37: The parable of the Good Samaritan.

of the priest in the Jewish faith)³⁹ passed by the injured person. Because of the church's understanding that God has accepted the people of the world and that this frees all men to help others, laymen in all churches need to be open to the people with whom they relate daily. It is in the existence of everyday living that concerned persons will come in contact with someone involved in crisis. The opportunity for the layman who is aware of the dynamics expressed by the crisis-involved person comes into focus at this encounter, and a meaningful relationship may be established as work on the crisis begins.

There are some problems which face laymen of a local church as they attempt to establish and develop a crisis intervention counseling team. These problems will now be discussed.

The first disadvantage stems from the realization that there are insufficient resource persons (mental health professionals) available for consultation and training. This carries with it at least two ramifications. On the one hand, many communities in the southwest corner of the nation, as well as across the nation, are located away from larger metropolitan cities where greater concentration of mental health agencies exist. On the other hand, the element of time shortage on the part of every existing mental health professional makes it difficult for new centers to find mental health professionals for consultation with their workers.

³⁹ *The Oxford Annotated Bible With The Apocrypha, R.S.V.* (New York: Oxford University Press, 1965), cf., the annotation of Luke 10:29-37 on p. 1259.

The second disadvantage centers in the area of finances. The church is not accustomed to support a crisis intervention team ministry wherein professional assistance (e.g. psychiatric consultant, psychologist consultant, or social worker consultant) must be financed by the local congregation. Oates says that it is even difficult to have churches support the hospital chaplaincy program where pastoral counseling is a predominant function. He says that "only feebly have the churches accepted any responsibility for the financial support of these chaplains."⁴⁰ It seems clear, therefore, that much education will be needed before the church is motivated to minister in this way. The present financial picture of churches in The United Methodist Church is not very encouraging. The increase in available budgetary funds to meet operational expenses of a mental health consultant might reach proportions beyond the scope of a local church budget. The problem of finances must be carefully and exactly figured for such an undertaking. The church could count on "fees" or donations from counselees, and it would be well for the governing body of the church to check into the regulations and specifications for receiving state or federal funds for work in mental health. In some cases free consultation is available if a community mental health center is located in a city near to the church that is involved in crisis intervention work.

The third disadvantage stems from the mood of the church members themselves. There is always the possibility that such an endeavor will

⁴⁰Oates, *op. cit.*, pp. 119ff.

not be supported by the members. In communities where mental health education is in its early stages, there may be suspicion on the part of the people towards a church which shows interest in developing this type of ministry. Suspicion usually leads to great restraint and non-participation on the part of such people, and hence, a project of this sort would be sabotaged at the very beginning. Such reaction may stem from what McCann calls an attitude of "fear religion."⁴¹ The extreme fundamentalistic religious groups may tend to use this way to scare people into making religious commitments. Usually they do not see any integral factor present between the work of the church and the work of mental health agencies. Thus a tension is produced which is not easily reduced. As McCann goes on to point out, they do not see, ironically, that their religious practices may end in emotional ill-health because of the brittle, defensive and protected ideas of who and what they are in relation to God and the world. Needless to say there are many problems in churches whose members fear change and the adoption of new concepts and ideas. In such situations, one must move very deliberately and cautiously, just as one does when working with a person who has paranoid tendencies, for example.

The fourth disadvantage centers on the possibility that such a ministry as crisis intervention counseling may receive no participation or support from the community. This need not stifle the program, however, as the team could work quietly yet significantly within the

⁴¹Richard V. McCann, *The Churches and Mental Health* (New York: Basic Books, 1962), p. 179.

local church dealing with members of the community at opportune moments when they would benefit from such help. The major factor at play, most likely, in communities such as this is the lack of mental health training on a community-wide basis. But the dynamics would be the same as encountered in the third disadvantage where suspicion, resistance, and non-participation would characterize, in most cases, the community's reaction to the establishment of such a center. Again, deliberate planning and involvement of community leaders becomes the most important factor for developing such a program.

The fifth disadvantage may be the most important one in terms of clarifying why such a ministry would not succeed. This reason develops from the realization that the group of people who are members of a church may *not* be committed to Jesus as Lord. They may be as many of the people were in Jesus' time: "And this is the judgment, that the light has come into the world, and men loved darkness rather than light, because their deeds were evil" (John 3:19). It just may be that the membership of a local church is committed to the preservation of its status in the community (well-trimmed lawn, trees, hedge, pruned flowers, well-carpeted rooms, over-stuffed furniture, expensive and lavish kitchen, etc.) rather than to the commitment of soiling itself in the evil and corruption of the world in response to its belief in the Lordship of Christ for the world.

The events of the church calendar judge the work of the church. It raises money to support the work of the church by all sorts of gimmicks (bake sales, church suppers, paper drives, ball-point pen

sales, bingo, and cookbook sales) and in turn reaps the harvest of members who feel no personal responsibility to be in mission. As Robert Raines says:

. . . He (church member) wouldn't understand that to be a Christian means precisely that one is a member of a chosen race, a royal priesthood, a holy nation. The people believe in God and support the institution of the church and enter into its activities, but they do not believe they are chosen to be salt, light, and leaven in the world.⁴²

In other words, commitment to the way of Christ in the world may be the last thing with which a local church congregation honestly wants to deal. Of course, when such a situation exists, the clergymen must shoulder part of the blame, for this is a judgment upon the ones who were appointed to "feed the sheep." Here, too, Raines speaks a sharp word in noting that too much of the time ministers easily succumb to social and cultural pressures, accepting the pattern of ministry imposed upon them by the culture so that "ministry" becomes just another job, and that the "church apes the world in assigning authority and financial reward to its most 'successful' men."⁴³ He goes on to say that such loyalty produces ministers who become defensive about the institution that houses the activities of the church and blind to the authentic mission that is truly of the Church Universal. When such corruption exists, it is little wonder that the church appears anemic and ancient in relation to its mission of reconciliation, which demands vitality, commitment, and a willingness to sacrifice its life for a stranger

⁴² Raines, *op. cit.*, p. 15.

⁴³ *Ibid.*

because of the new life which has been given to it when it accepts the lordship of Christ in the world.

With this brief look at the advantages and disadvantages of the contemporary church's ministry to people in crisis, this chapter is brought to its conclusion. Attention is now turned to the last chapter of this dissertation as the important findings to this point are summarized and some conclusions drawn in light of the findings of this study.

CHAPTER VI

CONCLUSION

A study has been made to explore the role crisis intervention counseling plays in the ministry of the contemporary church, and to see what, currently, are the functional programs in local churches to people in crisis. If a sampling of the ministers of the Southern California-Arizona Conference of the United Methodist Church can be taken as an indication, it would seem that ministers carry a large percentage of the crisis intervention counseling load in communities. If local churches of this same annual conference can be taken as an indication, it would seem that a small percentage of local churches are currently involved in functional programs of crisis intervention to people in crisis. The examination has corroborated and established the thesis. A summary of the steps discovered in each chapter has proven beneficial to the study.

In Chapter I the problem of relating the contemporary church's ministry to people in crisis was developed. It was concluded that it was not so much a question as to the relevance of the contemporary church and its involvement with people in crisis, as to what extent the role of crisis intervention counseling may play in the ministry of the contemporary church. A description and exposition of terms, the contemporary church's ministry, and people in crisis was established. In brief the contemporary church's ministry is to anyone who is hurting and in need. The church must mold its forms of ministry to contemporary

situations, meeting men, women and children where they are. Crisis, being a respecter of no one, is a part of every person's life. People in crisis usually need help to cope with their crisis. Such help may come from a local church if it is aware and ministering to the needs of contemporary mankind.

To establish more clearly the ministry of crisis intervention counseling, Chapter II developed an overview of crisis intervention. A critique of the literature pertaining to the development of this area of study in order to place the subject in hand in historical perspective was achieved. Sufficient evidence was cited for the local church to be involved in crisis intervention counseling. The local church minister has the opportunity to be involved in much crisis counseling. If he is especially trained in pastoral counseling, he may request the help of interested laymen, willing to be trained, to serve on crisis intervention teams, thus expanding the church's ministry to people in need.

A study of current programs in crisis intervention work revealed that two of the facilities made use of volunteer trained laymen and women. Their service to the community established the use of volunteer laymen as a valid way of developing greater resources to help people in crisis situations. Yet it was pointed out that these agencies meet only a small percentage of the needs of people in crisis. It then became the task of this study to relate crisis intervention counseling to the ministry of the church.

In Chapter III Caplan's definition of crisis intervention was

presented. In theory the task of crisis intervention can effectively be related to the ministry of the church through the use of small crisis intervention teams. In application, Clinebell's point, that short-term crisis counseling frequently can help steer a person away from maladaptive responses towards a realistic facing of the crisis, further implied crisis counseling as an important part of ministry in the local church. A group of volunteer laymen especially trained and supervised could initiate a crisis intervention team in a local church setting.

Such implementation would presuppose training the laymen to use and become aware of various counseling approaches. The study explored four approaches: insight counseling, growth through surrender, Bernean approach, and action therapy. Also explored were several key steps to follow as one enters crisis intervention work.

The conclusion reached in this chapter was that crisis intervention theory lends itself very adequately to the trained pastoral or lay counselor. Therefore, trained, supervised laymen may assume a very significant role as crisis intervention counselors in a local church setting. The question, however, that must be asked is "How do ministers of a specific church see their role in relation to crisis counseling?" "Have they established any type of lay crisis counseling group in their local church?"

To get at these questions Chapter IV focused its attention on the results of a questionnaire sent to 450 ministers of the Southern California-Arizona Conference of the United Methodist Church. The results indicated clearly that most ministers spend a great amount of their

time working with people in crisis, but that very few have made an effort to initiate crisis intervention teams in their parish settings. Though little has been done in this area, the majority of ministers favored such a concept indicating they thought it would aid them in their work with people in crisis.

With the evidence clearly establishing that crisis intervention teams would serve a very useful service in the ongoing ministry of the church, Chapter V developed both positive and negative factors that might be encountered as the local church looked into its future ministry with people in crisis.

This study has established and supported the thesis that showing concern and care for people caught up in the crisis of life is a basis to the church's reason for ministry. Though the efforts of clergy and laity in the past have been meaningful, in relation to the signs and tempos of our times the ministry of concern must be accelerated.

McKnight asked the question, "But how much of the need for crisis counseling could be avoided if the church were really fulfilling its redemptive task in society?"¹ This question reinforces the position of this study which has established the fact that there is a need to increase efforts on the part of the local church to deal with crisis-involved persons. The church is in a unique position to minister to people in crisis and can more effectively aid in the work that is already being done in this area of human need.

¹ Rev. Harry A. McKnight, Jr., "Crisis Intervention and the Clergy," in *The Clergy and People in Crisis* (Los Angeles: L.A. County Mental Health Dept., 1965), p. 33.

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APPENDIXES

QUESTIONNAIRE SHOWING THE CHURCH'S MINISTRY TO PEOPLE IN CRISIS IN THE
SOUTHERN CALIFORNIA-ARIZONA CONFERENCE OF THE METHODIST CHURCH
JANUARY 1968

1. The state in which your church is located: (check one)

So. California _____
Arizona _____
Nevada _____

2. How much of your time (minister) from June 1966 to January 1968 was spent in counseling? (Counseling such as pre-marital, marital, grief, vocational, alcoholic, youth problems, financial, emotional problems, etc.)

% of total ministry _____

3. How much of your time was spent in pastoral care during the same 19 month period? (Pastoral care such as visiting the sick, shut-in, bereaved, aged, those in prison or mental hospitals, etc.)

% of total ministry _____

4. Of the time you spent in counseling and pastoral care (questions #2 and #3) what amount of time was spent specifically in crisis counseling? (Crisis counseling such as pre-suicidal, pre-homicidal, etc., anything that deals with a person who seems to be "falling apart," unable to cope with the present situation confronting him.) This may be present in any counseling or pastoral care situation mentioned above.

To arrive at this percentage please do the following:

a. Time spent in counseling (question #2) _____ %
b. Time spent in past. care (question #3) _____ %
c. Add a.% and b.% Total _____ %

d. % of total is specifically crisis counseling.

5. Have you developed any type of "crisis counseling" group in the local church you serve which involves volunteer laymen?

yes _____ no _____

If yes, explain briefly the following:

a) Recruitment method (How do you select persons to work?):
(Use additional paper if needed.)

b) Training methods:

c) On-going-training for workers:

6. Is this group under the supervision of any specific person?

yes _____ no _____

If yes, what are this person's qualifications? (Check one)

Pastoral Counselor (Ph.D. or Th.D.) _____

Chaplain Supervisor _____

Psychologist _____

Psychiatrist _____

Psychiatric Social Worker _____

Other (specify) _____

7. If you do not have such a program, do you favor a crisis counseling team concept?

yes _____ no _____

8. Would it help you to have such a group as this in your local church situation?

yes _____ no _____

9. Type of community church serves: (Check one)

Rural _____

Urban _____

Suburban _____

10. Type of class status church serves: (Check one)

Lower class _____

Middle class _____

Upper class _____

11. Membership of church: On Roll _____ Active _____

Please fill in this questionnaire and return in the self-addressed envelope by February 15, 1968. This is very important. Thank you for your cooperation on this.

APPENDIX B

BREAKDOWN OF TABLE I

TABLE Ia

Southern California Churches

<u>% of Total Ministry Spent in Counseling</u>	<u>Number of Ministers</u>	<u>% of Ministers</u>
1%	7	3.6%
2%	11	5.7%
3%	2	1.0%
4%	3	1.5%
5%	29	15.0%
6%	1	.5%
7%	1	.5%
8%	7	3.6%
10%	50	26.4%
12%	1	.5%
15%	11	5.6%
17%	1	.5%
20%	36	18.7%
25%	17	8.8%
30%	6	3.1%
35%	1	.5%
40%	2	1.0%
50%	1	.5%
60%	1	.5%
Not stated	5	2.5%
Total	193	100.0%

TABLE Ib
Arizona Churches

<u>% of Total Ministry Spent in Counseling</u>	<u>Number of Ministers</u>	<u>% of Ministers</u>
0%	1	2.5%
1%	1	2.5%
2%	2	5.0%
3%	1	2.5%
5%	3	7.5%
6%	1	2.5%
10%	12	30.0%
15%	4	10.0%
16%	1	2.5%
20%	2	5.0%
25%	5	12.5%
30%	3	7.5%
33%	1	2.5%
Not stated	<u>3</u>	<u>7.5%</u>
Total	40	100.0%

TABLE Ic
Nevada Churches

<u>% of Total Ministry Spent in Counseling</u>	<u>Number of Ministers</u>	<u>% of Ministers</u>
10%	1	33.3%
20%	1	33.3%
70%	1	33.3%
Not stated	<u>0</u>	<u>00.0%</u>
Total	3	100.0%

APPENDIX C

BREAKDOWN OF TABLE II

TABLE IIa

Southern California Churches

<u>% of Total Ministry Spent in Pastoral Care</u>	<u>Number of Ministers</u>	<u>% of Ministers</u>
1%	2	1.0%
2%	3	1.5%
3%	4	2.2%
4%	2	1.0%
5%	21	10.9%
6%	2	1.0%
7%	1	.5%
8%	8	4.1%
10%	30	15.6%
12%	1	.5%
13%	1	.5%
15%	30	15.6%
19%	1	.5%
20%	28	14.6%
25%	23	11.9%
30%	15	7.9%
35%	3	1.5%
40%	3	1.5%
48%	1	.5%
50%	6	3.1%
Not stated	<u>8</u>	<u>4.1%</u>
Total	193	100.0%

TABLE IIb
Arizona Churches

<u>% of Total Ministry Spent in Pastoral Care</u>	<u>Number of Ministers</u>	<u>% of Ministers</u>
5%	2	5.0%
7%	1	2.5%
10%	13	35.0%
15%	3	7.5%
20%	6	15.0%
25%	4	10.0%
30%	2	5.0%
35%	2	5.0%
40%	1	2.5%
50%	3	7.5%
Not stated	<u>3</u>	<u>7.5%</u>
Total	40	100.0%

TABLE IIc
Nevada Churches

<u>% of Total Ministry Spent in Pastoral Care</u>	<u>Number of Ministers</u>	<u>% of Ministers</u>
10%	1	33.3%
15%	1	33.3%
20%	1	33.3%
Not stated	<u>0</u>	<u>00.0%</u>
Total	3	100.0%

APPENDIX D

BREAKDOWN OF TABLE III

TABLE IIIa

Southern California Churches

% of Total Time Spent in
 Counseling and Pastoral
 Care that is Specifically
 "Crisis Counseling"

Number of
Ministers

% of
Ministers

0%	10	5.2%
1%	41	21.6%
2%	25	12.9%
3%	7	3.6%
4%	8	4.1%
5%	32	16.6%
7%	3	1.5%
8%	5	2.5%
10%	23	11.9%
12%	1	.5%
15%	5	2.5%
20%	5	2.5%
25%	4	2.2%
30%	1	.5%
35%	1	.5%
60%	1	.5%
Not stated	<u>21</u>	<u>10.9%</u>
Total	193	100.0%

TABLE IIIb
Arizona Churches

<u>% of Total Time Spent in Counseling and Pastoral Care that is Specifically "Crisis Counseling"</u>	<u>Number of Ministers</u>	<u>% of Ministers</u>
0%	3	7.5%
1%	4	10.0%
2%	5	12.5%
3%	3	7.5%
4%	1	2.5%
5%	4	10.0%
8%	2	5.0%
9%	1	2.5%
10%	4	10.0%
13%	1	2.5%
15%	2	5.0%
20%	3	7.5%
25%	1	2.5%
Not stated	<u>6</u>	<u>15.0%</u>
Total	40	100.0%

TABLE IIIc
Nevada Churches

<u>% of Total Time Spent in Counseling and Pastoral Care that is Specifically "Crisis Counseling"</u>	<u>Number of Ministers</u>	<u>% of Ministers</u>
2%	1	33.3%
8%	1	33.3%
30%	1	33.3%
Not stated	<u>0</u>	<u>00.0%</u>
Total	3	100.0%

APPENDIX E

TECHNIQUES FOR DEALING WITH CRISIS INTERVENTION

I. Recruitment for Short-term Crisis Intervention Counselors

EXPECTATIONS OF COUNSELOR:

1. Ability to make direct contact with person in crisis, either face to face or on the telephone, (that would relate to the person in crisis a feeling of confidence that work towards diminishing the crisis was underway).
2. At times the counselor would need to make important decisions quickly.
3. Counselor would need to be able to work with all types of persons: e.g., difficult, depressed, intoxicated, grief-stricken, angry, or defensive.
4. Counselor would need to have some skill in deciding how homicidal or suicidal a person may be.
5. Ability to develop imaginatively and creatively a plan of crisis intervention and be strong enough to help the person carry it out.
6. Ability to deal with negative feelings of persons in crisis and not become despairing and depressed along with the patient.¹

BASIS OF SELECTION:

1. Motivation - reason for wanting to be lay volunteer crisis counselor - willingness to make some sacrifices to work.
2. Responsibility - dependable - responsible for own feelings and actions.

¹Paul W. Pretzel, "The Voluntary Clinical Worker at the Suicide Prevention Center" (Los Angeles: January 1968), pp. 3f. A paraphrase and expansion of mimeographed copy. Parentheses mine.

3. Stability - stable life history - emotional life relatively stable at present time.
4. Maturity - realistic in thinking and behavior - exhibit common sense in solving problems.
5. Sensitivity - aware of other person's feelings and emotions - relate appropriately to other people.
6. Team Work - ability to work with others.
7. Trainable - ability to accept supervision and training.²
8. Religious Faith - is it relatively mature, vital, realistic and adult-oriented?
9. Religious Life - affirmed constructively and responsibly.
10. Basis for counseling - motivated to help others, ax to grind, curious?³

WRITTEN WORK:

1. Information data (background of person).
2. Statement in person's own words implementing reasons for wanting to work with crisis intervention team.
3. List different crises faced, feelings about the crises, and ways crises were resolved.

TESTING:

1. If possible the Minnesota Multiphasic Personality Inventory.
2. Johnson Temperament Analysis.
3. Sentence Completion Test (For example see below.)
When I see a drunk person, I _____; or
Visiting with a divorced person makes me _____; or
When I am with a person who is grieving I _____.

²*Ibid.*, pp. 4f.

³Adapted from Howard J. Clinebell, Jr., *Mental Health Through Christian Community* (Nashville: Abingdon Press, 1965), p. 132.

INTERVIEWS:

1. Interview with supervisor of crisis intervention team (initial).
2. Interview with another person in community skilled in understanding dynamics of interpersonal relationships (e.g., school counselor, minister trained in clinical pastoral education or pastoral counseling, clinical psychologist, industrial psychologist, social worker, lawyer, judge, physician, or if available psychiatrist).
3. Final interview with screening committee (three or four persons sensitive to the feeling tone of other persons and aware of qualifications needed for crisis intervention team volunteer counselors. These may be volunteer counselors, themselves, who have "retired" from the team but are willing to act as screening agents because of acquired experience).
4. Letter or telephone call to convey acceptance or rejection as counselor. Include reasons why accepted or rejected. Schedule initial training phase in detail as to time and place of first meeting.

II. Initial Training Phase**ORIENTATION:**

1. Introduction of Crisis Intervention Team concept - Supervisor
(2 hours)
2. Who sponsors program.
3. Where located.
4. Organization chart.
5. Motivation.
6. Staff personnel.

1. How C. I. T. concept is put into practice - Supervisor
(2 hours)
2. Way staff functions.
3. Use of equipment.
4. Forms, files and their use.

5. Office procedure.
6. Resources for counselors (city, county, or state agencies for referral).

All staff members will be involved in orientation sessions and training sessions so that the new class of volunteer counselors may get to know them and vice versa.

COURSE WORK: (Six weeks)

1. Brief sketch of personality theory (e.g., Erik Erikson's Eight Stages of Personality Development).
2. Theoretical concepts on grief, suicide, alcoholism, marital problems, family problems, adolescent problems, old age, and mental illness.

Taped lectures by outstanding persons dealing with specialized fields in counseling, old age, youth, alcoholics, etc., may be used or use of available resource persons in community may be employed. The supervisor will conduct the discussion periods with the group and outside reading assignments may be made to supplement lectures and group discussion.

3. Crisis Intervention techniques.
4. Use of community resources.

Included in this initial training would be 40 - 50 hours of clinical practicum (i.e. listening to training tapes, role playing, reality practice sessions, training films, and case discussion).

5. During the clinical practicum the new volunteer counselors would sit-in with an experienced volunteer counselor in an actual counseling session. The new person would be introduced as one of the team but would remain rather passive in the session. Discussion about what happened would follow the "live" session as the counselor would lift up significant dynamics from the session.
6. At the conclusion of the 40 - 50 hours of clinical practicum, the new volunteer counselor would begin to work with persons in crisis. He would be closely supervised by a more experienced volunteer counselor or by the supervisor. Weekly

meetings in process give staff a chance to discuss content of cases and ways of handling the cases. Individual sessions continue for six months on a weekly basis with new volunteer counselors.

III. On-Going Training Phase

Weekly volunteer counselor meetings continue to discuss case problems. On a bi-monthly basis volunteer counselors and staff meet to discuss additional theoretical material, new or differing crisis counseling techniques, hear presentations from many fields that relate to crisis intervention, and assign for personal study reading materials in the following areas:

- a. Family
- b. Alcoholism
- c. Drug addiction
- d. Suicide
- e. Divorce
- f. Grief
- g. Terminal illness
- h. Mental illness
- i. Christian faith & crisis intervention
- j. Sexology

On-going training phase lasts as long as the volunteer counselor is with the crisis intervention team. Volunteer counselor evaluation should be conducted periodically (perhaps every six months) to control or possibly short-circuit situations that may arise when volunteer counselors seem to be mishandling too many situations or when legitimate complaints are registered by counselees.

Volunteer counselors would be encouraged to attend as many workshops, sensitivity training sessions, etc., that may be sponsored by city or county mental health associations, churches, public schools, or other institutions that time and finances would permit.

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